

Consumer-Directed  
Attendant Care  
(CDAC):  
The Guide

## **Acknowledgements/Copyright information**

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**Publication Date:** 2013

### **Purpose and Organization of this Manual**

This manual is designed to provide Consumers, their Representatives, family members and friends who may work as providers through the Consumer-Directed Attendant Care (CDAC) program, and Case Management staff, with a comprehensive explanation of Indiana's Medicaid Aged & Disabled (A&D) Waiver CDAC program policies and procedures, as well as practical advice for implementing the program. The state's Division of Aging (DA) will continue to regularly review this manual for accuracy and update it as needed.

DA staff members take the CDAC program and its impact on Hoosiers very seriously. It is our intention to make this manual easy to use and be an important resource for everyone.

Whether you are a Consumer or Case Manager, each section in this guide has information that can help you make important decisions, so page through the entire Table of Contents to find help on a particular subject. And don't forget to check out the relevant and current FAQs! A separate CDAC *Toolkit* containing further, specialized knowledge is also available.

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## **Medicaid Home and Community-Based Services (HCBS) Waiver Program**

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. This program permits states to furnish an array of home and community-based services that assist Medicaid recipients to live in the community, thereby avoiding institutionalization. While the state has discretion to design its waiver program to address the needs of the waiver's target population, waiver services complement and supplement services that are also available to participants through the Medicaid State Plan, and other federal, state, and local public programs, in addition to the support families and communities can provide.

## **Consumer-Directed Attendant Care (CDAC) Services**

More than thirty years ago, a number of states began testing a form of care based in one's own home and community. This new form of service allowed individuals to direct their own care and have the option of choosing their own care attendants while serving as their caregivers' employer. The new program, Consumer-Directed Attendant Care (CDAC), gained popularity because people were ready to take charge of their own care. Consumers also discovered they experienced greater satisfaction with their lives once they had done so.

What does CDAC look like today? Consumers who receive home and community-based services have choice and control over those services. Consumers are in charge of how their personal care needs are met by working with their Case Manager (CM), their family members, friends, and other informal and community supports. Through the CDAC program, consumers are responsible for recruiting, interviewing, hiring, monitoring, disciplining, and dismissing if necessary, their own attendant care aides (ATTCs). Most importantly, services are specific to Consumers and meeting their healthcare needs and personal goals.

Consumers manage the services and supports they need, when and how services are received and who delivers them. Consumer-direction has resulted in a shift of responsibility from the provider agency to the individual. And while CDAC can make dramatic differences in the lives of some clients, it is not appropriate for everyone. Not everyone is able or willing to manage all the responsibilities of the program, or has a trusted representative to manage the tasks for them.

Many consumers thrive on the structure and organization an agency's traditional assistance can provide. Those services are certainly available today and typically provided by home health or personal service agencies. In this case, the CM develops a Service Plan (SP) along with input from the client and provider, and the agency works to fulfill that plan. Based on its capacity and the client's approved SP, an agency provides services, assigns the amount, type, and timing of services, and controls both the scheduling and performance of workers in one's home.



### ***In Indiana***

The Division of Aging (DA), a division of Indiana's Family and Social Services Administration, (FSSA) manages an array of programs with the goal of keeping frail older adults and disabled individuals within the community as long as possible.

For those who do not qualify for Medicaid, there are other home-and-community-based services provided by Title III, Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), and Social Services Block Grant (SSBG). Talk with your Case Manager to see if perhaps you qualify for these services.

*Indiana's Medicaid Aged and Disabled Waiver (A&D Waiver) provides home and community-based care plan services for the elderly and disabled who meet Nursing Facility Level of Care (NFLOC).*

The goal of Indiana's CDAC program is to assure that any individual choosing home care services over institutional care will have adequate care by directly hiring, training, and managing their own personal attendants. For many older adults and persons with disabilities, one of the keys to living an independent life is having an attendant who assists them with Activities of Daily Living (ADLs), or the basic day-to-day tasks we sometimes take for granted.

A person with disabilities or a frail older adult may find some of these tasks hard to perform on their own due to physical or mental limitations. Examples of ADLs include bathing, dressing/undressing, grooming, using the toilet, caring for a bladder or bowel-control device, getting in or out of a chair or bed, eating, and even movement about the home. Other tasks people may have difficulties with include taking care of a home, meal preparation, managing money, making phone calls, grocery shopping, and transportation.

### **Eligibility for Indiana's Medicaid A&D Waiver CDAC program**

Applicants must:

- 1) currently be on the A&D waiver;
- 2) financially eligible for, or currently enrolled, in Medicaid;
- 3) live in a private residence (not an institutional setting);
- 4) meet Nursing Facility Level of Care; and
- 5) be competent, willing and able to hire, train, monitor/supervise, and terminate an attendant caregiver (ATTC), as well as act as an employer in general. If clients are unable to direct their own care, they can select a representative to direct care for them.

**Traditional Agency Care vs. CDAC Program**

The following chart illustrates the differences between traditional agency care and CDAC. Please note that all services are based on having an approved Service Plan (SP).

	Traditional Agency Care	CDAC Program
Service Management	CM contacts the home health care agency of Consumer’s choice to arrange services.	Consumer contacts his or her Employee/Attendant directly to arrange the times and dates services will be delivered.
	CM contacts the home health care agency if Consumer reports a problem with services.	Consumer is responsible for resolving any issues with Employee/Attendant directly, as well as reporting significant issues, such as an Employee who can no longer provide care, to CM.
Service Delivery	Attendant care aides work for state-certified or approved/licensed provider agencies.	Consumer finds his or her own Employee/Attendant through an interview process, even if hiring a family member or friend.
	The home health care agency has its own policies for recruiting, hiring, training, supervising, disciplining, and firing its attendant care aides.	Consumer is responsible for recruiting, hiring, training, supervising, disciplining, and firing Employees/Attendants.
	The agency also handles all payroll responsibilities.	The fiscal intermediary (FI) organization, a separate agency, handles payroll and tax matters for Employee/Attendant.
	After CM has communicated Consumer’s needs to the home health care agency, the agency will work with Consumer to develop a service plan identifying specific tasks to be completed during each visit.	Consumer is responsible for communicating his or her needs and identifying specific tasks the Employee/Attendant will complete during each visit.

If you decide traditional agency services better fit your style after using the CDAC program, you are free to resume those services. You must choose a new provider, and your CM will complete a new SP. Note that services with a new provider may not begin prior to obtaining the approved SP. Call your CM if it is between regularly scheduled visits and let him or her know how well CDAC services are working for you.

## What Services can be provided in the CDAC program?

Attendant care services (ATTC) become necessary due to a client's physical or mental impairment(s). Such services primarily involve limited "hands-on" assistance with a client's physical dependency needs. The following are allowable ATTC tasks according to the Medicaid Waiver:

### *Allowable Activities*

- Personal Care
  - Bathing—tub, shower;
  - Partial bath;
  - Oral hygiene;
  - Hair care;
  - Shaving;
  - Intact skin care;
  - Dressing;
  - Clipping hair;
  - Application of cosmetics; and
  - Hand and foot care (applying lotion and trimming nails) as long as skin is intact and client has no underlying medical issues such as diabetes, in which case a specialist is required to perform these tasks
- Mobility
  - Proper body mechanics;
  - Transfer between bed and chair;
  - Wheelchairs and motor vehicles; and
  - Ambulation (including use of assistive devices as long as ATTC has had proper training)
- Elimination
  - Assisting with bedpan, bedside commode, toilet;
  - Incontinence or involuntary care; and
  - Emptying urine collection and/or colostomy bags
- Correspondence and Bill-Paying
- Escorting into community
  - Community **activities that are therapeutic in nature** or that assist with developing/maintaining natural supports
- Safety
  - Use of the principles of health and safety in relation to self and client;
  - Identify and eliminate safety hazards; and
  - Practice health protection and cleanliness by appropriate techniques of hand washing.
- Waste Disposal and Household Tasks

Examples of **community activities that are "therapeutic in nature,"** include not only escorting Consumers to medical/dental appointments, but on shopping trips, to restaurants, the library, church, family outings, and other social activities. These outings are beneficial to Consumers by helping them maintain a sense of independence, participation, and involvement.

### ***Non-allowable Activities***

ATTC services may not be provided to medically unstable clients as a substitute for skilled care that would normally be provided by a home health aide, licensed practical nurse, registered nurse, licensed physician, or other health professional. Examples include:

- Full bed baths;
- Perineal care (hygiene care of male or female personal areas);
- Occupied bed changes;
- Total lift transfer of client as a quadriplegic;
- Non-weight bearing transfer or ambulation of the consumer;
- Set-up and/or administration of medications;
- Specialized feedings;
- Skin care on broken or open skin;
- Passive range of motion exercises;
- Nail care of diabetic clients;
- Skilled care such as that required by the presence of a feeding tube, tracheotomy, ventilator, pressure sores, or any other care activities that must be performed by a licensed health care professional; and
- The Attendant/Employee may not provide services to other household members. For example, he or she may not run errands, prepare meals, do laundry, or provide childcare for other household members.

### **Who Does What?: A Quick Overview of CDAC Roles**

**Case Managers (CM)** assess Consumers' eligibility and suitability for the CDAC program, work with them to develop person-centered Service Plans, coordinate and monitor service delivery, and serve as a Consumer advocate.

**Consumers/Employers** (you may also see the term "client" or "participant") are those active clients in the A&D waiver program who may be eligible for the CDAC program. Consumers have the responsibility of acting as Employers in the CDAC program.

**Representatives** are voluntary, unpaid persons who assist in performing the responsibilities of the Employer when the Consumer cannot, or chooses not, to do so independently.

The **Employer of Record (EoR)** is whoever directs the Consumer's care. It refers to either the Consumer if he or she directs his/her own care, or his/her Representative if the Consumer is not able to direct his/her care, and has appointed someone to act in his/her best interests.

**Attendants/Employees** are the persons hired to provide ATTC services for Consumers.

The **Fiscal Intermediary (FI)** is a private company that serves as the state's fiscal agent in the financial administration of the CDAC program, including administering the paperwork of hiring, payroll, and tax processes.

## Consumers/Employers

CDAC services under the Indiana Medicaid A&D Waiver for Home and Community-Based Services (HCBS) offers you the option of selecting, training, scheduling, supervising, and if necessary, dismissing your own Employees. You must be competent, willing, and able to take on the responsibilities involved in directing your own care. You may decide to hire a friend, neighbor, or family member (with some exceptions) to care for you. Or you might choose to advertise, interview applicants, make a selection, and hire someone new to provide your care.

CDAC Consumers assume all responsibilities of an Employer except for payroll and tax management duties, which are handled through a fiscal intermediary (FI) company.

Think of it as running a business—your own employment agency—in which your health and safety are anticipated positive outcomes. It is an Employer’s responsibility to:



- monitor/supervise services performed by your Employee on an ongoing basis including maintenance of task records in an accessible place, and making them available for review at any time by your CM;
- verify the accuracy of, and sign timesheets submitted for payroll by your Employee; and
- work with your CM on at least a quarterly basis or more often if necessary, to ensure quality assurance of your services.

## *Working with Case Managers*

Case Managers (CMs) use objective criteria to evaluate your eligibility and capacity for success in this program. You must work with your CM to determine if the CDAC program is appropriate for you. *Only the CM can authorize your participation.* If you meet the eligibility requirements for this service delivery, your CM will:

- complete a referral form to request enrollment packets for you from the FI;
- direct you or your Representative to CDAC program training through a hardcopy manual or reading the material online;
- direct you to the FI’s “Customer Service Help Line” if you need assistance with completion of its forms and paperwork; and
- keep an eye on service delivery in the same way agency services are monitored. Your CM is required to reauthorize participation in the program every ninety (90) days. He

or she will evaluate quality and verify whether services provided satisfy the needs of the individual. Based on this evaluation, your CM may:

- continue or adjust your services as needed;
- terminate your participation at any time if he or she is concerned about your health and safety; and
- terminate your participation at any time if you are noncompliant, unable to meet the requirements of this program, or if there are concerns about possible fraudulent issues.

### ***Working with the Fiscal Intermediary (FI) or Current FI Contractor***

Indiana's CDAC fiscal intermediary (FI) or Current FI Contractor is responsible for establishing eligible Consumers as Employers and enrolling service providers as Employees. The Current FI Contractor provides payment to Employees, maintains all financial and Employer/Employee tax records, and provides reports concerning hours worked and payments made. Having the Current FI Contractor handle these financial and other responsibilities enables you or your Representative to focus on hiring an Employee and begin receiving your services.

While the Current FI Contractor is available to you and your Representative as needed for questions, it also provides information and updates to your CM. For example, the Current FI Contractor informs CMs when all your paperwork is completed, obtains criminal background checks for your prospective Employees, and offers assistance with ongoing issues.

### ***How long will it take my services to begin?***

When Consumers/Employers and Attendants/Employees first submit their signed paperwork to the Current FI Contractor, it is thoroughly checked for missing signatures, dates, or any incomplete information. When an error is discovered, the paperwork/form is returned to the person—Employer or Employee—for correction. As these are legal documents and tax forms, **it is critical all forms are completed accurately**, and all edits are made by the Employer or Employee themselves. The Current FI Contractor may not make edits on behalf of an Employer or Employee. Unfortunately, any “back and forth” in the mail can result in a delay of service. Employers and Employees may contact the Current FI Contractor Customer Service line at any time for assistance with completion of paperwork, or to learn the status of their paperwork.

As Consumers/Employers complete their paperwork correctly, openings in the CDAC program are offered on a “first-come/first-served” basis. At this time, all openings for the CDAC program are **not** filled, so any Consumer/Employer seeking enrollment should have

no problem receiving a place in the program once all his/her paperwork has been accurately and correctly completed, his SP has been submitted and approved by the State, and the NOA has been received by the Current FI Contractor.

### ***Enrollment process***

Following is the Current FI Contractor's enrollment process:

1. The Current FI Contractor receives the referral from the CM.
2. Upon receipt of the referral form, the Current FI Contractor enters demographic data into its system and mails Enrollment packets to Consumer.
3. You or your Representative complete the Employer's packet and return it to the Current FI Contractor. The packet must contain **fully completed** paperwork.

Many of the Employer's forms will be "pre-filled," or already completed with the Consumer's information because the Current FI Contractor will already have information from when the referral was made.

If you or your Representative require assistance with completing forms for enrolling an Employee, please contact the Current FI Contractor via its Customer Service line. All forms must be returned to the Current FI Contractor at the mailing address or fax number provided, and it will perform its follow-up processes once it receives fully completed forms.

4. The Current FI Contractor applies for an Employer Identification Number (EIN) for you.

#### **Criminal Background Checks**

**If you are hiring  
more than one Employee,  
you must submit a \$15 check  
for each one.**

5. Current FI contractor submits a request to the Indiana State Police for a Limited Criminal Background Check (LCBC) for each Employee you plan to

hire. There is a fee of \$15 (checks made payable to the Current FI Contractor) **for each** LCBC. The LCBC is completed upon receipt of this fee.

6. The Current FI Contractor notifies the CM to submit your SP to the State for approval **only after all forms are accurately and fully completed, and filed with the appropriate entities.**
7. Your CM submits your SP to the State for approval.



8. Once approved by the State, the Current FI Contractor receives the Notice of Action (NOA) and enters it into its system. Please note: Employees/Attendants **should not be begin working and will not be paid until the SP is approved**, and the Notice of Action (NOA) is issued.

### **What is in the Current FI Contractor's Employer Packets?**

The Current FI Contractor has developed comprehensive, user-friendly, multi-lingual Employer packets that include all the material necessary to establish the Consumer or a Representative acting on his/her behalf, as Employers. Employer packets will normally include:

- A "Welcome" letter;
- A training checklist which verifies Consumer's knowledge of the program and understanding of responsibilities;
- A Question-and-Answer document and instructional tax forms with directions for Consumers on how to complete each form; and
- Employer-specific forms with documentation necessary to establish the Individual Directing Care or his/her Representative as "Employers of Record," in accordance with the Internal Revenue Service (IRS) and State of Indiana regulations.

The packets contain clear instructions and enrollment information. Appropriate signature lines are marked with "sign and date here" tags to facilitate signature collection, and sent to the Consumer (or his/her Representative) with labeled and stamped envelopes so as to be easily returned to the Current FI Contractor.

### ***Medicaid Spend-down***

Participants in the CDAC program with a Medicaid spend-down should treat self-directed attendant care as any other provided Medicaid service. As a client in the CDAC program with a Medicaid spend-down, you are expected to pay for the portion of your spend-down that is attributable to CDAC. You will be notified of the amount through your monthly spend-down Summary Notice and an invoice from the Current FI Contractor. Here are the steps:

- Employee provides attendant care and submits timesheet to the Current FI Contractor.
- Current FI Contractor pays Employee.
- Current FI Contractor sends claim to Indiana Medicaid.
- Indiana Medicaid informs Current FI Contractor of the amount of your spend-down.
- Current FI Contractor invoices you for the amount of your spend-down.

- You pay Current FI Contractor.

It is critical that you **pay the Current FI Contractor promptly for spend-down amounts**, as it has the right to deny services after thirty (30) days without payment.

### ***CDAC Employees are Considered Medicaid Providers***

By enrolling in the CDAC program, your Employees are now comparable to any other provider such as a doctor's office or a therapist who accepts Medicaid as payment. You and your Employees must comply with the policies and if you do not, the same consequences can apply to you, including termination from the program, possible recoupment of misappropriated funds, and even referral to law enforcement.

The Consumer-Directed Attendant Care Initial Checklist (a copy is in the *Toolkit*) you complete with your CM at your initial visit documents that your CM has explained required compliance to you, provided examples of fraud and abuse along with the consequences that may occur, and how and to whom to report any instances of fraud, abuse, neglect, or exploitation.

### **Office of Inspector General (OIG) Exclusions Verification Program**

The OIG requires all healthcare entities—such as the FI for CDAC program providers—participating in Medicaid/Medicare-funded programs, to routinely check OIG's List of Exclusion Individuals/Entities (LEIE) and ensure that any new or current Employees appearing on the list are not compensated with Medicaid/Medicare funds for any and all services delivered.

As potential ATTC Employees submit their applications, the Current FI Contractor will check the OIG Exclusions list. If any applicant appears on the list, he or she will be denied as a CDAC program Employee. Existing Employees are also matched against the monthly updated OIG's Exclusions List to ensure no excluded Employees are serving program participants.

### ***Employee/Attendant Qualifications***

Employees must be at least eighteen (18) years of age. An Employee must also be physically and mentally capable of providing the necessary care required by the client.

- A family member may be hired, *with the exception of spouses and parents of a minor child* who is less than 18 years-old.
- If a Consumer is over 18 years of age and directs his own care, a parent *can* be a paid caregiver, provided the parent is *not* the consumer's legally responsible individual, healthcare rep (HCR), or has Power of Attorney (POA).

### Who does *not* qualify?

- Stepparents may *not* provide paid care for a minor child (but they may certainly provide informal care).
- Persons legally or financially responsible for the Consumer, or who have the power to make financial or medical decisions for the Consumer or on his/her behalf are *ineligible* to provide ATTC. This would include Attorneys-in-Fact with a current Power of Attorney (POA), Healthcare Representatives (HCRs), and legally responsible individuals.
- Anyone with a conviction of crimes including, but not limited to, the following: sex crimes, exploitation of an endangered adult, abuse or neglect of a child, failure to report battery, neglect, or exploitation of an endangered adult or dependent, theft, murder, voluntary manslaughter, involuntary manslaughter, and battery. Please see the section on *Limited Criminal Background Checks* for more information.

### ***Hiring Family Members as ATTC Employees: The Rules***

ATTC may be furnished by family members except for the parent of a minor child (when the child is the Consumer), or to the Consumer by his spouse.

In general, family members providing ATTC services will *not* reside with the individual. Exceptions may occur if no other appropriate providers are available. When all other options are exhausted, a qualified family member who resides with an adult (eighteen (18) years or older) Consumer, *may* be utilized as a paid caregiver. Family members providing services must meet the same standards as providers not related to the individual.

A paid family caregiver will provide services limited exclusively to the care of the Consumer and not to other family members, as defined in the SP. **Adequate justification** must be provided in the SP by the CM as to why a family member residing with the recipient is requested as the paid caregiver.

### ***Identifying Responsibilities of Employees/Attendants***

This is a good time to begin thinking about your expectations for an Employee/Attendant. Of course, you already know what your needs are! But taking the time to write down tasks you need help with, including skills an Employee will need in order to assist you properly, will help develop the agreement between you and your Employer/Attendant (see the *Consumer-Directed Attendant Care (CDAC) Services Training* form in the *Toolkit*) that can help you spell out exactly what you require.

### ***Employer/EoR Training***

You and your Representative must become familiar with the CDAC program and its policies upon eligibility and acceptance. The Current FI Contractor's Customer Service Team and your CM are available to assist Consumers/Representatives and answer questions, but it is up to you to study this guide.

One of the first documents that must be completed and submitted to the Current FI Contractor verifies that you (or your Representative) understands the requirements, limitations, and all of the terms and conditions of the CDAC program necessary for participation. The *Individual Directing Care/Employer Training Checklist* should be signed by Consumers/ Representatives, and CMs. A copy of this form is in the *CDAC Toolkit*.

### ***Employment Terms and Conditions Agreement Letter of Acceptance***

In the CDAC program, an agreement between you and your Employee, the *Employment Terms and Conditions Agreement Letter of Acceptance*, is required. The Agreement is included in the Employer packet you receive from the Current FI Contractor (a copy of the Agreement is in the *Toolkit*). The Agreement must be returned to the Current FI Contractor upon acceptance and signatures by both Employer and Employee.

### **Personal Attendant Responsibilities Worksheet**

The Personal Attendant Responsibilities Worksheet—you can find a copy in the *CDAC Toolkit*—is a helpful tool for you to use in determining hours attendants will work on what tasks, and on what days. It can help set expectations and limits between Employers and their Attendants. Important things to remember:

- The total number of hours worked **cannot** exceed the number of ATTC hours allowed in your SP that is submitted to the State for approval.
- If more than forty (40) hours per week of care is authorized, please be aware that a single attendant cannot work more than forty (40) hours in one week. No overtime is paid.
- This worksheet can also be used periodically to check that tasks are being completed when needed, that no task is being neglected, and that your Employee is meeting your needs and expectations.

### **Importance of Detailed, Hourly ATTC Schedules**

You will be ahead of the game because the Personal Attendant Responsibilities Worksheet is the basis of required documentation for your SP for ATTC. At least every ninety (90) days, your CM will ask to see your Employee's **detailed, hourly schedule of ATTC hours**.

When your CM submits your SP to the State for approval, it must contain a detailed schedule of how your ATTC Employee spends his time when working for you. The State is accountable to Hoosier taxpayers for ensuring fiscal responsibility, and the DA appreciates your assistance in that stewardship. You must be prepared to produce relevant timekeeping ATTC records and materials for your CM at every visit, and demonstrate where those are stored in your home in order for safekeeping.

### **Calculating ATTC Hours**

What's the best way to ensure that as an Employer, you will never get a frantic phone call from your Employee telling you he's been shorted on his pay?!? **Plan ahead when scheduling ATTC hours.**



Use a calendar to calculate ATTC days and hours for each month in your SP, and talk with your CM about your schedule. Remember, the Current FI Contractor can pay only for hours worked that are authorized on your SP.

### ***Emergency Backup Plans***

You must have a written backup plan as part of your SP. Discuss with your CM what would be necessary if your Attendant/Employee becomes ill or can't make it to your home because of bad weather. What would happen in the case of an emergency? What kind of assistance would you need in these cases?

### ***Where to Go for Help—Current FI Contractor's Customer Service Hotline***

Your CM can address any *initial* questions you or your Representative may have. Please remember that in order to use the CDAC program, you or your Representative ***must be willing to take on the responsibilities of running your own business and being your own Employer.*** Your CM will direct you to the appropriate resource for further assistance and training—whether it's the written or online version of the manual—or the Current FI Contractor's Customer Service Center (Call Center).

The Current FI Contractor provides assistance and information to all users of its services. The Call Center is responsible for providing accurate information and assistance with enrollment including all activities required to establish Employers and Employees: payroll processing, resolution of pending payments, assistance with completing time sheets, and general assistance, guidance, and instruction on all FI functions. The Current FI Contractor will also document and report complaints received by the individuals directing care or persons acting on behalf of the individual directing care, by Employees, CMs, and FSSA staff.

The Call Center is open from 9 a.m. to 5 p.m. Eastern Standard Time on all business days (Monday through Friday) except federal holidays. Help Line information is included in the enrollment packet from the fiscal intermediary. Toll-free calling is available.

During business hours, callers will be directed to a “live” agent following a recorded voice prompt directing the caller to a Spanish or English-speaking agent. Individuals requiring translation services other than Spanish will be assisted through the Language Line service. “Real-time” translation services are accessible within ninety (90) seconds of a caller’s request. In addition, TTY services are also provided. Calls received after business hours or on non-business days are recorded, retrieved, and receive a response before the end of the next business day.

If you identify yourself as an ***Employers/EoR*** when you call, you will be required to state the Employer’s ID number (assigned by the Current FI Contractor and found on timesheets) before receiving care-specific information. If you don’t know the ID number when you call, Current FI Contractor Customer Service Representatives (CSRs) will ask you other verification such as address, SSN, or date of birth. These checks are in place to validate your identity and to ensure no information is given to anyone who should not have access.

***Employees*** calling in are required to state the last four digits of their Employee ID, which is found on timesheets. Employers making inquiries about Employees will be asked to provide their ID numbers. An individual, in his or her capacity as Employer, is entitled to most information about his or her Employee. Employers are asked to state their Employee’s name and the service provided, but are not required to recite the last four digits of the Employer’s ID.

#### ***When you Contact the Current FI Contractor***

We understand that an Employee/Attendant not receiving a paycheck when expected can be a huge problem for him or her. We know that you may have questions that only the Current FI Contractor can answer. However, it is expected that *anyone* calling into the Current FI Contractor’s Customer Service Helpline will treat all CSRs with respect and courtesy.

The Current FI Contractor’s management team has been instructed by the DA to inform their CSRs to terminate any phone conversation when faced with anger or hostility. CSRs will be happy to talk with Indiana program participants and their Employees once a caller has calmed down and can speak in a professional manner. CSRs will then work to resolve any problems or questions callers may have regarding timesheet and pay issues.

#### ***Current FI Contractor’s Website***

Forms and resources for your use are accessible on Current FI Contractor’s website: <https://www.publicpartnerships.com//>. Log in (hint: username “inclient;” password

“pcgin49”) to gain access to training materials, instructions, and extra forms. Employers can also register to access the Web Portal

(<https://fms.publicpartnerships.com/PPLPortal/login.aspx>) on its website to approve Employees’ timesheets and receive up-to-date information about their accounts. Employees registering online can log on to submit and track timesheets—and even see when paychecks are cut along with the amount of the check.

## **Timesheets**

### ***Timesheets: Correct Dates and Hours***

You must pay particular attention to your Employees’ timesheets. We have found many Employees do not use the correct dates found on the Current FI Contractor’s pay schedule, a copy of which is included in every Employee packet. It is essential that dates on submitted timesheets are correct or Employees may find themselves with short paychecks or pended paychecks that will arrive late. Even if the year is wrong, i.e., using 2011 instead of 2012, the Current FI Contractor’s system will flag it as pending, and not process it for payment. Make sure timesheets are submitted on the correct dates.



### ***Submitting Timesheets to the Current FI Contractor***

It is your responsibility to collect all paper timesheets from your Employees for each paycheck cycle and submit them all to the Current FI Contractor.

**You must verify all timesheets for accuracy and completion before signing prior to submission!**

There are several ways timesheets can be submitted for payment: U.S. mail, fax, or online. Before using the online or e-timesheet option, **both** Employers and Employees must first sign up for it. Instructions for using the e-Timesheet option are available on the Current FI Contractor’s website <https://www.publicpartnerships.com//> (log in: username “inclient;” password “pcgin49”), along with clear instructions. The Current FI Contractor’s system also allows the Employee to submit time

electronically, and print a copy for the Employer to sign. This signed timesheet can then be returned to the Current FI Contractor by fax if the Employer is unable to access a computer to approve the submitted hours. An advantage of submitting time electronically, is that the Employee will receive real-time feedback on whether or not the submitted time can be paid. A telephonic submission system is not economically feasible at this time.

Preference would be that **Employers themselves** send or fax their hardcopy timesheets to the Current FI Contractor. However, Employees may do so on their behalf **only after the timesheet has been checked and signed by the Employer.**

When the Current FI Contractor receives timesheets identifying hours worked by an Employee, it compares the hours on the timesheet with the number of hours authorized for the month on the Employer's Plan of Care, and then makes the appropriate payment. The payroll processing system contains programming rules that block invoice processing until all necessary requirements are met. **For example, if the number of hours on the timesheet exceeds available authorization for the Consumer, the timesheet is flagged and is not processed for payment until the issue is resolved.**

Payroll is issued on a bi-weekly basis. The Current FI Contractor will ensure Employees are paid promptly in the next regularly scheduled check-run after any issues resulting in a flagged timesheet have been resolved. It prefers not to delay payment until the next payroll cycle if the problem can be resolved earlier. For instance, if a timesheet problem can be resolved quickly, it will issue payment on the next regularly scheduled check-run date. If the issue is more complicated, the Current FI Contractor may have to wait for additional information before releasing payment.

### ***39-Day Timesheet Submission Policy***

The Current FI Contractor's pay schedule also includes dates by which timesheets must be received by the FI in order to be paid timely. Timesheets **must be submitted to the Current FI Contractor within 39 days from the end of the month in which service was provided**, or the Employee will NOT be paid for time worked. This policy was implemented by the Current FI Contractor in 2011.

For example, if your Employee worked on September 14<sup>th</sup>, you would have 39 days from September 30<sup>th</sup> to submit the timesheet for those hours. You should submit that timesheet to the Current FI Contractor by November 8<sup>th</sup> (31 days of October plus 8 days of November). If your timesheet is submitted after that, your submission will be denied and you will NOT be paid.

### ***Incorrect Timesheet Submission Policy***



Your CDAC services may be terminated if you and your Employee(s) persist in submitting incorrect timesheets—whether it includes more hours than are authorized on your NOA—or dates are incorrect. Please contact the Current FI Contractor on the timesheet procedures to ensure you understand the expectations. If incorrect timesheets continue to be submitted, you may be terminated from the CDAC program within thirty (30) days. It is your responsibility as a CDAC Employer to verify that timesheets are completed fully and accurately before signing them. It is a part of doing business.

Remember, the concept of the CDAC program is that you, or your Representative, can safely and confidently “run your own business,” which includes overseeing the correct and timely



submission of timesheets. Please note the termination of CDAC services does not mean you are ineligible for attendant care services through a provider agency.

## FAQs for Consumers/Employers

- My Employee works 20 hours every week on Mondays, Tuesdays, Wednesdays, and Thursdays, but she's been shorted on her paycheck the last two pay periods. What can I do about this?
  - When you meet with your CM to review your services, make sure to use a calendar when calculating monthly hours for ATTC. You might think the total in this case would be simply 20x4 (20 hours/week x 4 weeks/month) or 80 monthly hours. However, you should count the number of Mondays, Tuesdays, Wednesdays, and Thursdays for each month worked. For example, November 2012 has four (4) Mondays, four (4) Tuesdays, four (4) Wednesdays, but five (5) Thursdays. Your Employee would actually work a total of 85 hours rather than the 80 hours authorized in your SP. This is why her pay appears to be "short." It's worth the extra time to use the calendar!
- I was in the hospital last month for two weeks, but my Employee still worked—she ran errands, took care of my dog, and picked up my mail and brought it to me in the hospital. She will be paid for that time, right?
  - No, Employees may not be paid while their Employers are in the hospital. CDAC services may only be provided while a Consumer is residing in the community—his own home. If a Consumer enters the hospital, a nursing facility, assisted living facility, or other institution, attendant care hours cannot be billed. If an Employee bills for time the Consumer is in the hospital, it is a duplication of services and considered fraud.
- I have an Employee who works for me 35 hours a week. She has requested a week off for vacation. Will the State pay another friend of mine if she cares for me that week? Or can I use an agency as a backup for that one week?
  - If you will need a paid attendant for backup, that person must be enrolled as a second employee with the Current FI Contractor. He or she must complete all the same enrollment procedures and meet all the same requirements. If you have a substitute worker with an informal arrangement and payment is not required, then that person need not be enrolled with the Current FI Contractor. However, if you wish to use agency-based care for backup, arrangements must be made with the agency *in advance*. Please note that the agency must be identified in the SP, and hours attributed to the agency on a monthly basis to assure provider payment. The agency *cannot serve as a backup* if it is not a part of the Service Plan.
- I have MA PA services for two hours every morning to help me with bathing and dressing, and a paid CDAC Employee who works 40 hours a week who helps me with

everything else. My wife is my primary caregiver and was unemployed, but she is now working full-time. Why is the State asking my CM to request MA PA hours? Why can't I continue using my 40 hours of ATTC a week? She helps me with many things an agency PA cannot do.

- Regardless, MA PA is an appropriate funding for this situation. The waiver is not meant to be the sole provider of funding—it is intended as a wraparound service. Since your primary caregiver is now working full-time, MA PA should be pursued for your care needs.
- I will be discharging from a nursing facility into my own apartment in two months, and have enrolled in the Money Follows the Person program. Can I hire a friend to help me with bathing, grooming, and dressing, through Consumer-Directed Attendant Care?
  - You may be eligible, as long as you meet each requirement of the program. Please see *Eligibility for Indiana's Medicaid A&D Waiver CDAC program* on page 8 of this manual, and talk with your CM.
- Our family plans to have Consumer-Directed Attendant Care for our dad, and I will be his EoR (Employer of Record). I already have an EIN# (Employer Identification Number) from having my own business in the past. Won't that speed things up a bit?
  - No. Before using an EIN# associated with a previous business, the Current FI Contractor must receive a tax transcript from the IRS to verify that no back taxes are due; this can be a very lengthy process. Having an existing EIN# can often delay progress. The Current FI Contractor recommends that another person is selected to direct care in this case.
- Does the Current FI Contractor have an online provider registry Consumers can access?
  - No, at this time the Current FI Contractor does not have an online provider registry.

## Representative/Employer of Record (EoR)

If a Medicaid Waiver (MAW) consumer is not prepared physically or mentally to take on the responsibilities of an Employer on his own, he may appoint a Representative to direct his care. A Representative is a voluntary, unpaid person who assists in directing the consumer's care and performing the responsibilities of an Employer for the CDAC program.

- The Employer—whether the Consumer or a Representative—is also known as the Employer of Record (EoR).
- If a Representative is selected, the CM will review those responsibilities with him or her.
  - Some AAAs have chosen to have the CM complete a Representative Designation Form and keep it in the client's file stating the Representative's relationship to the client, why the representative is necessary to direct care, and verification that the Consumer agrees the Representative will act in his best interest while directing care.
- Consumers unable to direct care because of a traumatic brain injury or other cognitive impairment *must* have a Representative direct their care.
  - Appropriate Representatives include the client's parent, spouse, legally responsible individual, or a person possessing a valid Power of Attorney.

### IMPORTANT!

- Representatives must be at least eighteen (18) years of age.
- Representatives cannot direct care as an EoR *and* provide attendant care!
- If a client in need of CDAC is less than 18 years of age, he or she must have a Representative.

A Representative must:

- Have approval from the Consumer or his attorney-in-fact (the person who has the Consumer's Power of Attorney), a parent, or a guardian, to direct care.
- Assume all Employer responsibilities, including signing tax forms and verifying timesheets, as well as communicating with the Current FI Contractor and CM as needed
- **Must be present during home visits and assessments.**
- Meet with the Consumer at least weekly, and his CM at least quarterly to verify services are being provided appropriately.
- Respect the Consumer's preferences and act in his best interest in all matters regarding care.

## FAQs for Representatives/EoRs

- My husband has a progressive neuromuscular disease and is not able to direct his own care, so he has appointed me to be his Representative. As the EoR, I have hired his brother to provide his ATTC care. Does the family tax exemption mean his brother's paycheck will not have as many taxes withheld?
  - No, the family tax exemption *does not apply* in this situation. Exemption status is based on the relationship between the Employer and the Provider, **not** the Consumer and the Provider. In this case, the EoR and the Provider are not related. Please see the section of this manual pertaining to taxes for a more in-depth explanation.
- I act as my mother's EoR, and live in Florida during the winter months, so she directs her own care when I am out of the state. However, Mom's dementia is progressing and I feel she can no longer feasibly direct her care. What should I do?
  - An EoR must be present during home visits and assessments, so in this case, you should relinquish the role of EoR to someone who is available and nearby. Additionally, eligibility for participating in the CDAC program includes that a *Consumer/Employer must be competent, willing and able to hire, train, monitor/supervise, and terminate an attendant caregiver (ATTC), as well as act as an employer in general. If clients are unable to direct their own care, they can select a representative to direct care for them.*

## **Employees/Attendants**

An ATTC Employee must be at least eighteen (18) years of age. Employees must also be physically and mentally capable of providing the necessary care required by the Consumer.

- A family member may be hired, *with the exception of spouses and parents of a minor child* (less than 18 years-old).
- If a consumer is over 18 years of age and directs his own care, a parent *can* be a paid caregiver, provided the parent is not the consumer's legally responsible individual, healthcare rep (HCR), or has POA.

## **Who does *not* qualify?**

- Stepparents may not provide paid care for a minor child; however, stepparents may certainly provide informal care.
- Persons legally or financially responsible for the client, or who have the power to make financial or medical decisions for the client or on his behalf are *ineligible* to be a paid caregiver through the CDAC program. This would include attorneys-in-fact with a current Power of Attorney (POA), Healthcare Representatives (HCRs), legally responsible individuals, and SS Representative payees.
- Anyone with a conviction of crimes including, but not limited to, the following: sex crimes, exploitation of an endangered adult, abuse or neglect of a child, failure to report battery, abuse, neglect, or exploitation of an endangered adult or dependent, theft, murder, voluntary manslaughter, involuntary manslaughter, and battery.

## **What Should a Prospective Employee Expect?**

Before you are eligible to provide services on your new job, you must:

- provide your potential Employer a resume or application describing your qualifications, work experience, and credentials;
- pass a limited criminal background check;
- obtain annual negative tuberculin (Mantoux) test or negative chest x-ray;
- meet with your Employer to complete an employment contract and verify the information you have provided on your USCIS Form I-9;
- complete tax forms enclosed in the Employee packet and submit them to the Current FI Contractor for processing;

- verify you have received training by studying this manual or its online version; and
- ask your Employer about job performance and scheduling requests.

### ***Annual TB Testing/CPR Certification***

All Employees who provide direct care are required to undergo an annual tuberculin (TB) skin test before beginning or providing services. Employees with positive TB test reactions must receive authorization from their physician before returning to work. Any costs associated with the annual TB skin test requirement must be borne by either the employer or employee. Case note documentation of negative TB tests as updated each year is a sound practice for CMs. Employers should maintain the information in their Employees' files.

As of January 1, 2013, *Employees are no longer required to obtain a current CPR certification* in order to provide care.

### ***Driver's License and Insurance***

When ATTC services include driving either your Employer's automobile or your automobile in connection with providing services, you are required to provide a copy of your driver's license and proof of insurance to the Current FI Contractor. All parties must verify the liability coverage limits are in accord with the requirements currently in effect. Please also see the following section regarding limited criminal background checks.

### ***Limited Criminal Background Checks***

In addition to important tax documents, you must also submit to a Limited Criminal Background Check (LCBC) conducted by the Indiana State Police. There is a fee for this



background check and you are required to pay for the LCBC. Your Employer must obtain your permission to conduct this limited criminal background check and the Current FI Contractor will make the request of the Indiana State Police. Results are forwarded to the DA for its determination of approval.

Results of this background check must meet the waiver standard set by the state of Indiana, which includes a test of the *character and fitness* of the individual. Certain types of arrests and convictions including any related to crimes against persons or property, fraud or abuse in any federal, state, or local government program, illegal drug possession, or those involving persons with any record of a crime involving money, even without a conviction, will disqualify an applicant under the character and fitness standard. Please note this is *not* an inclusive list of disqualifiers. The ultimate decision on approval or disapproval rests with appropriate DA personnel, as the waiver requires the DA to assure quality and compliance at all times that waiver services are rendered.

### ***Prospective Employees with OWI/DUI on Driving Record***

Please note that prospective Employees found to have records with an OWI (operating a vehicle under the influence) which is the same in Indiana as a DUI (driving under the influence) offense, *may* be approved by the DA to provide ATTC as long as the Employee does not transport the Consumer.

### ***CDAC Employees are Considered Medicaid Providers***

In working for your Employer who participates in the CDAC program, you are now comparable to any other provider such as a doctor's office or a therapist who accepts Medicaid. You must comply with the policies and if you do not, the same consequences can apply to you, including possible recoupment of misappropriated funds and even referral to law enforcement.

### **Office of Inspector General (OIG) Exclusions Verification Program**

The OIG requires all healthcare entities—such as the FI for CDAC program providers—participating in Medicaid/Medicare-funded programs, to routinely check OIG's List of Exclusion Individuals/Entities (LEIE) and ensure that any new or current Employees appearing on the list are not compensated with Medicaid/Medicare funds for any and all services delivered.

As potential ATTC Employees submit their applications, the Current FI Contractor will check the OIG Exclusions list. If any applicant appears on the list, he or she will be denied as a CDAC program Employee. Existing Employees are also matched against the monthly updated OIG's Exclusions List to ensure no excluded Employees are serving program participants.

### ***Additional Training for Employees/Attendants***

This manual should not be your only source of training for your job as an Employee/Attendant. Your Employer is responsible for ensuring you understand what is needed, and that you are able to provide the necessary assistance. On-the-job training is an important part of the education provided by your Employer. If your Employer decides you need more guidance, please note that ***additional training is not provided as paid time***, nor does Medicaid cover the cost of additional training. The costs for training must be covered by you or your Employer.

### ***Employee's Forms***

Be aware that if your forms are not completed fully and accurately, the Current FI Contractor will contact the Consumer and/or his or her Representative to fix the problem until it is correct. There often is some "back and forth in the mail" with the paperwork, which unfortunately can cause delays in beginning services.





For example, the **USCIS Form I-9, Employment Eligibility Verification**, appears to be problematic for many Consumers and their prospective Employees. The Employee is required to show an acceptable form of identification to the Consumer so he or she can verify the information provided on the form, and then **the Consumer and Employee must each sign the document**.

Please contact a tax professional if you have questions regarding your tax situation.

### ***Current FI Contractor's Website***

Many forms and manuals are accessible on Current FI Contractor's website:

<https://www.publicpartnerships.com/>. Log in (hint: username "inclient;" password "pcgin49") to gain access to training materials, instructions, and extra forms. Employers can also register to access the Web Portal

(<https://fms.publicpartnerships.com/PPLPortal/login.aspx>) on its website to approve Employees' timesheets and receive up-to-date information about their accounts.

The Current FI Contractor's system also allows the Employee to submit time electronically, and print a copy for the Employer to sign. This signed timesheet then can be returned to the Current FI Contractor by fax if the Employer is unable to access a computer to approve the submitted hours. An advantage of submitting time electronically, is that the Employee will receive real-time feedback on whether or not the submitted time can be paid. A telephonic submission system is not economically feasible at this time.

### **What Work is Involved in ATTC?**

Activities of Daily Living, or ADLs, are hands-on activities or tasks that are essential for your Employer's health and safety, and include, but are not limited to, bathing, dressing, eating, transfers, and bowel and bladder care.

### ***Activities of Daily Living***

As an Employee/Attendant, you will be working for someone who needs assistance with three or more of the following ADLs:

- Bathing means how a person takes a full-body bath, sponge bath, and transfers in and out of the tub or shower. Assistance means that in spite of any type of structural or equipment supports, the individual needs someone to help with most bathing activities such as running or preparing the bath water, lathering the cloth, washing, rinsing, and drying the body. This ADL also includes washing and rinsing the hair.

- Dressing means how a person begins and ends the physical act of dressing, including putting on and removing prosthetics, if necessary. The person must require the physical assistance of another person to begin and complete the act of dressing.
- Eating means the ability to obtain daily adequate nutrition. The person may require the assistance of another person either to feed or physically assist with adaptive equipment in order to feed himself. This ADL may mean that the person must be fed. The requirement for assistance in eating may be met if he or she needs physical assistance from another with affixing equipment or utensils, placement of utensils into the hand, placement of food within range, constant monitoring to intervene during choking, gagging, or reflux episodes, or potential aspiration of food.
- Toileting, and bowel and bladder routine means how the person uses the toilet (bedpan, commode, urinal), transfers on and off the toilet, cleansing after elimination, changing pads, managing an ostomy or catheter, and adjusting clothing. Requiring assistance with changing protect garments does meet this significant need.
- Transferring means how the person moves from a location such as the bed, chair, or vehicle to or from a wheelchair. The need for assistance means that the person is unable to perform this task without physical assistance from someone else.
- Ambulation means how the person moves from one location to another. You may be expected to assist your Employer in moving from one place to another or assist with a mobility device.

### ***Employee/Attendant Responsibilities Worksheet***

The Employee/Attendant Responsibilities Worksheet (a copy is in the *Toolkit*) is a list of tasks or jobs your Employer might ask you to do. It is very important that you talk with each other about what may be expected of you in caring for your Employer.

### ***Employment Agreement***

In the CDAC program, an agreement between you and your Employer, the *Employment Terms and Conditions Agreement Letter of Acceptance*, is required. A copy of this is included in the Employee packet you receive from the Current FI Contractor. A copy of the Agreement must be returned to the Current FI Contractor upon acceptance and signatures by both Employer and Employee.

- You will also work with your Employer to complete a list of acceptable tasks that will spell out the details of the services you will provide to your Employer, and the schedule agreed upon by both of you. The plan may be formal or informal, but it must be in

compliance with the Employer's SP (the formal plan that sets out what services Medicaid will pay for and how many hours of ATTC service are approved).

- You will need to know about the other services your Employer is receiving. For example, what services are being provided by other attendants or by home care agencies?
- Discuss with your Employer what type of backup plan would be necessary if you, as the Employee, are ill or an emergency causes you to be unable to provide services during your scheduled hours. Discuss any advance notice your Employer will need if you are not able to work as scheduled.
- You must complete a timesheet for the hours you work each day. Your Employer must approve all hours and submit timesheets according to the Current FI Contractor's payroll schedule. Instructions for completing and submitting timesheets are included in your Employee packet.
- When you have completed reading and studying this manual or the online version of this material, and when you feel you have a good understanding of the CDAC program and are ready to accept its responsibilities and to begin working, you will be asked to sign a copy of the *Attendant/Employer Training Checklist* for verification. This form is included in the Employee packet, and must be returned to the Current FI Contractor along with other necessary documents. A sample of the form is also included in the *Toolkit*, as well as additional helpful resources on working as a CDAC Employee/Attendant.

## **Receiving Payment for Working as an Employee/Attendant**

### ***Employee Hours and Pay Notes:***

- Your Employer will receive assistance from the Current FI Contractor to ensure all required federal, state, and local taxes are paid. This includes all Employer-related taxes such as the employer portion of Medicare and Unemployment Insurance taxes. The Current FI Contractor is also responsible to deduct taxes from your paycheck as required by federal, state, and local laws and regulations.
- Remember that your "take-home" or "net" pay will be less than your "gross" pay because taxes will be taken out of each check.
- No Employee can work more than 40 hours in one week. ***No overtime is allowed.*** Hours worked in excess of 40 hours per week will not be paid through the waiver.
- Your Employer's SP is based on his or her needs and identifies the services required to



meet those needs. Therefore, you are authorized to deliver only the hours approved in the SP.

- The DA is not liable for any actions of an Attendant/Employee or an individual in need of CDAC.
- Attendants/Employees and Consumers in need of CDAC are each liable for any negligent or wrongful act or omission in which the person personally participates.
- If an Employee is working and a limited criminal background check demonstrates convictions, the Employee may be terminated.

### ***Setting up a Payment Account***

The State of Indiana's Family and Social Services Administration (FSSA) has contracted with the Current FI Contractor to make all payments on behalf of CDAC Consumers/Employers who hire Attendant/Employees. In addition to administering the required background checks for applicants, Current FI Contractor tracks your work hours and pays you for services on behalf of your Employer.

The Current FI Contractor will ask you to sign and return a number of forms sent to you in the Employee packet.

- You must complete a separate packet for each Employer for whom you work, even if you are hired by two people in the same household.
- The Current FI Contractor cannot pay any claims until a completed packet is received for your work with each Employer.

The Current FI Contractor will issue your paychecks to you based on signed timesheets received from your Employer. Paychecks will reflect tax withholdings. If you have any questions, please contact the Current FI Contractor's Customer Service Line.

### ***Attendant Wages***

The State determines wages for Employees/Attendants. Indiana establishes an hourly rate that may periodically change. Unemployment insurance is covered, *but workers' compensation is not*. Vacation days are uncompensated.

Prior to authorizing payment to an Employee for services rendered, the Current FI Contractor will ensure the Employee packet is completed accurately and on file. **Services may not begin until the Current FI Contractor receives the Notice of Action (NOA) for the Consumer.** Your Employer's CM will notify him once the NOA is received by Current FI Contractor, and services may begin.

### ***No Overtime***

Employees in the CDAC program do not qualify for the Fair Labor Standards Act Companionship Exemption (overtime). No single employee can work more than 40 hours in a week. All hours must be within the client's authorization.

### ***Electronic Funds Transfer (EFT)***

Employees have the payment option of hard copy checks or direct deposit payments. You may elect to receive payment through the Electronic Funds Transfer (EFT) option by completing the Current FI Contractor's Direct Deposit Application included in the Employee packet, and sending a copy of a voided check or letter from your bank verifying account information. The Current FI Contractor will review the EFT Application and verify the Employee's bank account information is accurate. Upon verification, the Current FI Contractor will process the request and direct deposit payments will commence after one pay cycle. Paychecks are issued every other week.

### ***Taxes***

The Current FI Contractor withholds, files, and deposits state and federal income taxes for domestic service workers in accordance with federal and state regulations and Indiana CDAC program rules. It also withholds Social Security, Medicare (FICA), and state and federal income taxes from Employee paychecks. As necessary, the Current FI Contractor will refund all FICA payments to Employees who do not meet the minimum withholding requirements.

A summary of all tax withholdings will appear on Employee paycheck stubs throughout the calendar year. The Current FI Contractor also will mail Employees a W-2 form in January following the year in which an Employee was paid, which Employees need in order to file their individual tax returns by the April deadline. Consumers receive regular reports from Current FI Contractor about their Employee's total year-to-date wages and taxes paid. Finally, the Current FI Contractor also has a system in place for filing of state and federal unemployment taxes (FUTA/SUTA).

Please contact a tax professional if you have questions regarding your tax situation.

### ***Relationships Matter When it Comes to Taxes***

An Employer of Record (EoR) is a legal status the Current FI Contractor applies for on behalf of the Consumer, allowing it to manage tax withholding, reporting, and other Employer responsibilities for that client. When a Consumer hires a family member to provide care, a "family tax exemption" may apply, resulting in fewer dollars being deducted from the Employee's paycheck. When the EoR and the Employee are *not* related, the family tax exemption does not apply. For example:



*Seth, a 34-year-old male with a progressive neuromuscular disease, has chosen to use CDAC services, and has appointed his wife as his EoR. She hired Seth's brother to provide his ATTC care. The family exemption does **not** apply in this case because the EoR and the Employee (the ATTC) are not related.*

A family tax exemption status is based on the relationship between the **Employer** and the Employee, **not** the Consumer and the Employee. Remember, the “Consumer” and the “Employer” may not always be the same person.

The applicable form on which the Current FI Contractor is informed of the relationship is the *Employment Terms and Conditions Agreement Letter of Acceptance* (please see the *Toolkit*). Under the Consumer's name, make sure the following paragraph is completed correctly:

*Certain unemployment tax exemptions exist for employers who hire family members. Is there a family relationship between the Employee and Employer? If so, what is this relationship?*

The Current FI Contractor also uses this information on the *Application for Tax Exemptions* that arrives in the Employee packet.

### ***Timesheets: Make Sure Your Dates and Hours are Correct!***

You must pay particular attention to your timesheets. We have found many Employees do not use the correct dates found on Current FI Contractor's pay schedule, a copy of which is included in every Employee packet. It is essential that dates on submitted timesheets are correct or Employees may find themselves with short paychecks. Even if the year is wrong, i.e., using 2011 instead of 2012, Current FI Contractor's system will flag it as a pending payment. Make sure your timesheets are also submitted on the correct dates. The Current FI Contractor's pay schedule also includes dates by which timesheets must be received in order for you to be paid timely.

**Your Employer must verify all timesheets for accuracy and completion before signing prior to submitting them!**

### ***Submitting Timesheets to the Current FI Contractors***

It is your Employer's responsibility to collect all paper timesheets from you for each paycheck cycle and submit them to the Current FI Contractor.

There are several means by which timesheets can be submitted for payment: U.S. mail, fax, or online. Before using the online or e-timesheet option, **both** Employers and Employees must first sign up for it. Instructions for using the e-Timesheet option can be found online on the Current FI Contractor's website <https://www.publicpartnerships.com//> (log in: username

“inclient;” password “pcgin49”), along with clear instructions. A telephonic submission system is not economically feasible at this time.

### ***39-Day Timesheet Submission Policy***

Timesheets **must be submitted to the Current FI Contractor within 39 days from the end of the month in which service was provided**, or the Employee will NOT be paid for time worked.



For example, if you worked on September 14<sup>th</sup>, you would have 39 days from September 30<sup>th</sup> to submit your timesheet for those hours. You should submit that timesheet to the Current FI Contractor by November 8<sup>th</sup> (31 days of October plus 8 days of November). If your timesheet is submitted after that, your submission will be denied and you will NOT be paid.

### ***Incorrect Timesheet Submission Policy***



Your Employer’s CDAC services may be terminated if your Employer and you continue to submit incorrect timesheets—whether it includes more hours than are authorized, or dates are incorrect. Your Employer and you will both receive further documented training from the Current FI Contractor on the timesheet procedure to ensure you understand the expectations. If incorrect timesheets are submitted after the documented training (date, type of training, and trainer name) occurs, your Employer may be terminated from the CDAC program within thirty (30) days.

### ***When you Contact the Current FI Contractor***

We understand that not receiving a paycheck when expected can be a huge problem. We know that you may have questions that only the Current FI Contractor can answer. We also expect that *anyone* calling into its Customer Service Helpline will treat all Customer Service Representatives (CSRs) with respect and courtesy.

The Current FI Contractor’s management team has been instructed by the Division of Aging to inform their CSRs to terminate any phone conversation when faced with anger or hostility. CSRs will be happy to talk with Indiana program participants and their Employees once a caller has calmed down and can speak in a professional manner. CSRs will then work to resolve any problems or questions callers may have regarding timesheet and pay issues.

## FAQs for Employees/Attendants

- I worked four days a week for the month of August. I submitted my timesheet and was paid, but forgot that I also worked on the very last day of the month, August 31<sup>st</sup>. I sent my signed timesheet for that one day in to the Current FI Contractor on October 11<sup>th</sup>, but it now says I can't be paid for that day. What's going on?
  - The Current FI Contractor instituted a Timesheet Submission Policy in 2011: Timesheets must be submitted to the Current FI Contractor within 39 days from the end of the month in which services were provided, or the Employee will NOT be paid for that time.
- I have worked for my Employer for three years now. I have a TB test annually, and have also updated my CPR certification every year. How long do I have to do this?
  - All Employees who provide direct care are required to have an annual tuberculin (TB) skin test before beginning or providing services. Employees with positive TB skin test reactions must receive authorization from their physician before returning to work. However, as of January 1, 2013, Employees are no longer required to obtain a current CPR certification in order to provide care.
- I want to work as an Attendant for my neighbor through the Consumer-Directed Attendant Care program, but I heard that anything on my driving record could be a problem. Is that true?
  - Prospective Employees found to have an OWI (operating a vehicle under the influence) offense on their records through a Limited Criminal Background Check, may be approved by the DA to provide ATTC as long as the prospective Employee does not transport the Consumer/Employer. This is decided on a case-by-case basis by the DA.
- I want to provide Attendant care for my grandmother, who has Alzheimer's, and have already sent in my paperwork. When I called the Current FI Contractor to find out why everything was taking so long, I was told there is a waiting list! The CM didn't tell my family and me there is a waiting list for the Consumer-Directed Attendant Care program. What's going on?
  - When Consumers/Employers and Attendants/Employees first submit their signed paperwork to the Current FI Contractor, it is thoroughly checked for missing signatures or any incomplete information. When an error is discovered, the paperwork/form is returned to the person—Employer or Employee—for correction. As these are legal documents and tax forms, it is critical all forms are accurately completed. Unfortunately, any “back and forth” in the mail can result in a delay of service.



- As Consumers/Employers complete their paperwork correctly, openings in the CDAC program are offered. At this time, all openings for the CDAC program are not filled, so any Consumer/Employer seeking enrollment should have no problem receiving a place in the program once all his paperwork has been accurately and correctly completed, his SP has been submitted and approved by the State, and the NOA has been received by the Current FI Contractor.
- Is it true that if corrections are required on Employee forms, the Current FI Contractor will call the Employee to obtain the information over the phone?
  - No, the Current FI Contractor does not typically take information over the phone for Employee forms. The Current FI Contractor's Customer Service Representatives will make an outbound call and request the form to be corrected and resubmitted.
- Does the Current FI Contractor ever request updated paperwork from Employees once the Employee has been approved?
  - Not generally, unless there is a request from the Consumer/Employee or his Representative to run an updated limited criminal background check.

## CDAC Program Overview for Case Managers

- Consumers can employ a caregiver to provide attendant care (ATTC) level of services, considered “hands-on” assistance. In this program, Consumers have the opportunity to direct their own care and supervise their caregiver(s) as they provide services in the Consumer’s own home.
- CDAC services include related services incidental to the hands-on care provided in home or community settings (please see *CDAC Allowable and Unallowable Activities*). All care must be according to the SP developed for the Consumer.
- Consumers or their Representatives are considered the Employer, and are responsible for all Employer-related tasks, such as deciding upon whom to hire as the Employee/Attendant.
- An Employee/Attendant may **not** be a spouse, legally responsible individual, or Health Care Representative (HCR) of the Consumer, an attorney-in-fact (who has POA for the Consumer), or a parent of a minor child client.
- **Skilled services cannot be provided** through the CDAC program.
- All Consumers/Representatives must ensure their Employees complete enrollment, record-keeping, and other tax and documentation requirements set forth by the fiscal intermediary (FI), a company that specializes in providing accounting and payroll services to CDAC clients. Consumers/Representatives are also responsible for ongoing monitoring of Employees’ work and timekeeping.
- All Employees that provide direct care are required to undergo an annual tuberculin (TB) skin test before providing services. Employees with positive TB test reactions must receive authorization from their physician before beginning or returning to work. Costs associated with the annual TB test requirement must be borne by either the Employer or Employee.
- As of January 1, 2013, *Employees are no longer required to obtain a current CPR certification* in order to provide care.
- Persons considering becoming an ATTC must undergo a limited criminal background check. Results of this background check must meet the waiver standard set by the state of Indiana, which includes a test of the *character and fitness* of the individual.
- Consumers or their Representatives are responsible for their Employee’s individualized training, and decide if additional training is necessary. Other training courses may be available but are not included in the client’s A&D waiver budget.

- There is a 40-hour per week work limit for all attendants. No overtime is paid.
- Employees must document on a regular basis the date, time, and details of activities performed for the Consumer. This documentation must be available for you to review at each home visit.
- Consumers or their Representatives must provide written back-up plans for care during times the primary caregiver(s) or Employee(s) cannot be available.
- There are no licensing or credentialing requirements for CDAC Employees.
- Please do not submit SPs to the State for approval until all Consumer/Employer and Attendant/Employee paperwork has been completed and submitted to the Current FI Contractor. Upon receipt of fully and correctly completed forms, the Current FI Contractor will contact you directly to inform you the Consumer is ready to have his or her SP submitted.



### **Case Management Responsibilities**

You have a number of primary roles and responsibilities when working with CDAC clients:

- As *information manager*, you:
  - Understand the finer points of the program yourself by becoming familiarized not only with this section that was written specifically for you, but the information for Consumers, Employees, and the fiscal intermediary (FI);
  - Provide program information to consumers new to CDAC, and identify available and accessible resources;
  - Explain and define roles and responsibilities to your client including your own, and those of the client, his attendants, and the Representative or Employer of Record (EoR);
  - Assist your client in determining if this program is right for him. Use your professional judgment as you talk with your client. In your opinion, is this program an appropriate service for him? What are his chances for success?
  - Are required to add the program to your client's SP if he requests that you submit it to the DA, even if, in your professional opinion, you determine your client is not appropriate for the CDAC program (please note that documentation as to why it is not appropriate must also be included); and
  - Help prevent fraud and abuse by providing definitions and examples of both, along with how to report occurrences, and reviewing consequences of failing

to comply with program standards and state/federal requirements with your clients. For example, if your client is in the hospital and his CDAC provider visits and assists with his care or runs his errands, can the Employee bill for that time? (Answer: No. More about this later in *Points to Remember when Developing a Service Plan for ATTC*.)

- As *enrollment counselor*, you:
  - Provide guidance to your client during the enrollment process, addressing questions he may have and/or directing him to the appropriate resource;
  - Use your expertise and experience to develop an SP appropriate to the CDAC program based on your client's needs; and
  - Follow state guidelines regarding required documentation for the CDAC program, including a detailed, hourly schedule for ATTC.
- As *evaluation specialist*, you continue to:
  - Review usage of allocation of hours in the SP on a regular basis, and make alterations and modifications if and when necessary, while continuing to follow state guidelines for program documentation;
  - Monitor your client as appropriate, use the CDAC 90-Day Checklist and the regular 90-Day Checklist at quarterly intervals or more often if his condition or situation changes, and assess the program's appropriateness for him;
  - Counsel your client regarding any problems that may arise; and
  - Monitor for fraud and abuse, and report concerns, including completion of the web-based Incident Report and Follow-Up Reporting tool (<https://ddrsprovider.fssa.in.gov/IFUR/>).

### ***Information Management***

If your client and his or her family members express an interest in the CDAC program, make sure they have access to this Guide in either paper or electronic versions. It is also important you are familiar enough with the program so you are able to answer initial questions asked by the client and his or her representative.

### **Determining Client Eligibility: Who Qualifies for CDAC?**

To enter the CDAC program, your client must:

- 1) currently be on the A&D waiver;
- 2) financially eligible for, or currently enrolled, in Medicaid;

- 3) live in a private residence (not an institutional setting);
- 4) meet Nursing Facility Level of Care; and
- 5) be competent, willing and able to hire, train, monitor/supervise, and terminate an attendant caregiver (ATTC), as well as act as an Employer in general. If your client is unable to direct his own care, he may select a Representative to direct care for him.

Please note that Money Follows the Person (MFP) clients can request CDAC if they meet the requirements.

### **Is CDAC an Appropriate Service for your Client?**

In determining your client's appropriateness for this program, consider the following scenarios:

- What happens when your client wants his son to provide ATTC care, but they have a long history of disagreeing about *everything*? How would your client handle employing his son? Could they work together without incident?
- What about your 88-year-old client in the beginning stages of AD who lives by herself in her home in which mice have been recently discovered? Her niece, who provides daily ATTC, has emphatically stated she will never return to that house because of the rodents. As CM, what should you do?
- Or, consider your 12-year-old client with multiple special needs who lives with his parents (who work various shifts at different times of the year) and three siblings who also require care. Is CDAC suitable in this situation? How would that work?

Reading through this Guide is essential for anyone new to CDAC, and even CMs familiar with the service may find some new snippet of information. Discuss CDAC with your client/representative to determine whether the program is right for him. Encourage your clients to come up with questions for you to help you determine their understanding of the material. Emphasize the advantages of the program as well as the extra responsibilities involved.

### **Use of Medicaid Prior Authorization (MA PA)**

Prior to putting CDAC in place, consider whether your client would benefit from, or be appropriate for, Medicaid Prior Authorization (MA PA) services. As you determine suitable services for your client, please remember that *the A&D Waiver is not meant to be the sole provider of funding*—it is intended as a wraparound service and should be used in conjunction with, or in place of, MA PA if appropriate.



If a client is eligible for MA PA hours, please investigate obtaining those hours with a licensed agency for your client. Please see the Side-by-Side comparison chart on pages 46-48 for guidelines in determining the appropriate service for your client.

Following is an example of an appropriate use of MA PA services and the CDAC program together.

*John is a 67-year-old male diagnosed with Insulin Dependent Diabetes, Neuropathy and poor vision. Due to the effects of his diabetes, John's mobility is significantly limited. He uses a walker to ambulate short distances, but relies on his scooter on most occasions. John requires assistance with some Activities of Daily Living (ADLs) which include his need for assistance with bathing, dressing, and some toileting. John is a Medicaid recipient and receives Medicaid Prior Authorization (MA PA) services through Helping Hand Home Health. These Medicaid Prior Authorizations services include a skilled nurse who assists John with monitoring and setting up his prescribed medications one time per week. During these visits, the nurse also provides nail care, health monitoring, and checks John for any skin breakdown as he has a history of decubitus areas. In addition to his nursing services, John is also provided with a home health aide two times weekly through the Medicaid Prior Authorization. The aide assists John with his bathing, as he requires hands-on direct assistance with this task.*

*Helping Hand Home Health coordinates John's Medicaid Prior Authorization services and gathers the necessary information, including documentation from John's doctor every six months to continue the Prior Authorizations as long as they are deemed necessary.*

*In conjunction with these in home services, John also receives Consumer-Directed Attendant Care (CDAC) services. These services provide assistance with some hygiene and personal care, assistance with his environmental needs, meal prep, errands, and paying his bills. The ongoing coordination of these services has allowed John to remain at home safely, while also maintaining his independence.*

If your client has a skilled need, please make sure you document who is providing the skilled care, such as tracheostomy care, injections, or wound care.



Please note that providers submitting requests for PA must be willing to write the request in such a way that approval is sought. As a CM, you can ask for a copy of the provider's submission to ensure the reasonableness of the request. DA Waiver Unit staff members may be able to assist in

accessing those notes and decisions for you.

If your client requests ATTC over PA, please document that on the POC in such a way it is clear this is your client's choice. CDAC cannot be used to provide services that would require a PA Skilled Nurse or Home Health Aide. Clients requiring these types of service must do so through an agency. Please also keep in mind that, after you discuss options with your client and/or his primary caregiver, they do have the right to appeal any decision.

### **CDAC, Respite HHA, and HHA through MA PA Comparison**

Use the "Side-by-Side Comparison," shown on the next three pages. This memo is designed to assist you in determining suitable services for your waiver clients, by comparing allowed activities for ATTC, Respite HHA, and HHA, through the Medicaid Prior Authorization (MA PA) process, and is a good resource as you consider services that would most benefit your clients.

**To:** Medicaid Waiver Case Managers  
Aged and Disabled Medicaid Waiver Providers  
Traumatic Brain Injury Medicaid Waiver Providers  
**From:** Becky Koors, Assistant Director of Waivers and LTC Operations  
Division of Aging  
**Date:** March 25, 2009  
**RE:** Side by Side Comparison:  
Attendant Care Services  
Respite Home Health Aide Services  
Medicaid Prior Authorization for Home Health Aide Services

In collaboration with the Indiana Association for Home & Hospice Care, the purpose of the attached "Side by Side Comparison" document is to assist case managers and providers in determining the appropriate services needed for waiver clients. The document outlines allowed activities for waiver services including attendant, respite home health aide, and home health aide services through the Medicaid prior authorization process. At the end of the document, you will find the applicable source documents that were used to develop the chart.

As you can see, there appears to be duplication between the allowable activities of the attendant care and home health aide services. It is our recommendation that as a case manager, when deciding whether to use attendant care through waiver services or home health aide services through the Medicaid prior authorization process, ask yourself the following questions:

1. Is the client's health condition medically complex?
2. Is the client's health condition medically unstable?
3. Would the client benefit from having the nurse oversight function as required by Medicaid prior authorization for home health aide personnel?
4. Does the client require a total bed bath?
5. Does the client's health condition require the reading of and recording of the temperature, pulse and respiration?
6. Does the client require assistance with specialized feeding, such as an individual who has difficulty swallowing, refusing to eat, or does not eat enough?
7. Is this service needed so that the client's primary caregiver can work, attend school, or sleep?

If you answer yes to any of the questions listed above, then the needs of the client would appear to be greater than what is allowed through the attendant care service definition. Therefore, you are advised to request approval for home health aide or nursing services utilizing the appropriate funding source.

Communication between the client's case manager and the service delivery provider(s) is vital to ensure that the needs of the client are being met. It is our hope that the attached document may assist in determining the most appropriate service while assuring the health, safety and welfare of our waiver clients.

Thank you for your continued hard work and dedication.

**Cc:** DA Waiver Unit Staff, OMPP, Indiana Assoc. for Home & Hospice Care



Side by Side:  
Attendant Care / Home Health Aide  
03/25/09

Activity	Attendant Care	Respite Home Health Aide	Medicaid PA Home Health Aide
<b>Bathing</b>			
Assistance with bathing; partial bathing; sponge bathing; tub or shower	X	X	X
Oral hygiene	X	X	X
Hair care including clipping hair and shampoo	X	X	X
Shaving	X	X	X
Hand/foot/nail/in tact skin care	X	X	X
Application of cosmetics	X	X	X
Dressing or undressing	X	X	X
<b>Communication/documentation/observation</b>			
Communication includes: ability to read, write, and communicate in a clear and accurate manner that is easily understood	X	X	X
Documentation includes: name of worker (including professional title); date, time, location of service delivered; amount and type of services delivered; description of services rendered; and any identified issues or concerns noted.	X	X	X
Observation includes: recognizes emergencies and knowledge of emergency procedures; services are delivered in accordance to the approved plan of care	X	X	X
<b>Escorting</b>			
Escorts individuals to community activities that are therapeutic in nature or that assist with developing and maintaining natural supports	X		
<b>Medication management</b>			
Assistance through providing reminders or cues to take medication, the opening of preset medication containers, and providing assistance in the handling or ingesting of noncontrolled substance medications, including eye drops, herbs, supplements, and over-the-counter medications and to an individual who is unable to accomplish the task due to an impairment and who is competent and has directed the services or incompetent and has the services directed by a competent individual who may consent to health care for the impaired	X	X	X

<b>individual</b>			
<b>Mobility</b>			
Assistance with proper body mechanics	X	X	X
Assistance with transfers	X	X	X
Assistance with ambulation	X	X	X
Assistance with use of assistive devices	X	X	X
<b>Nutrition</b>			
Assistance with nutrition; meal planning; preparation; feeding; clean up	X	X	X
<b>Other</b>			
Provides assistance with correspondence and bill paying	X		
The physical, emotional, and developmental needs of and ways to work with the populations served by the agency, including the need for respect for the patient, privacy, and property	X	X	X
Hands on activity	X	X	X
Normal range of motion and positioning	X	X	X
Any other task the home health agency may choose to have the home health aide perform			X
Requires supervision of a registered nurse		X	X
<b>Safety</b>			
Assistance / identify and eliminate safety hazards	X	X	X
Waste disposal and household tasks	X	X	X
Maintaining a clean, safe and healthy environment	X	X	X
Basic infection control procedures and universal precaution	X	X	X
<b>Toileting</b>			
Assistance with bedpan, bedside commode, toilet	X	X	X
Assistance with incontinent or involuntary care	X	X	X
Assistance with emptying urine collection and colostomy bags	X	X	X
<b>Training and evaluations</b>			
Training and evaluation	X	X	X

**Reference Documents:**

CMS approved Aged and Disabled Medicaid Waiver  
IC 16-27-4 and IC 16-18-2-28.5, Licensure of Personal Services Agencies  
IAC Article 17, Home Health Agencies  
IC 16-18-2-28.5, Attendant Care Services definition

## Assessing Your Client's Chances of Success in the CDAC Program

When considering the appropriateness of the CDAC program for your clients, emphasize the advantages of the program as well as the extra responsibilities. Assess his ability to make service decisions. The idea is not to screen the client out of the program, but to determine how much support he needs to be successful.

Always consider your client's capacity for CDAC program *success*, not just program *eligibility*.

Boston College, National Resource Center  
for Participant-Directed Services

Think of this program as your client running his own business—an employment agency. Help him think through if he's capable of hiring, disciplining, and firing his Employees. If your client continually asks you to do these tasks on his behalf, you must re-assess his ability to make service decisions.

- Use open-ended questions to help you guide your client's thinking. Make it simple:
  - What do you need help doing? Whom will you hire to help you? When do you want help?
  - How will you train your Employee? What will you do if your worker doesn't show up or call? How will you tell your aunt she is not doing it the way you want it done? How will you tell her that she's doing a *good* job?!?
  - Can you ask for help? Do you know assistance is available? When do you call the CM? Who will help you in an emergency?

Look for your client to have a reasonable understanding of the CDAC program. Gauge your client's understanding of the responsibilities, his level of motivation, and consider your assessment of his ability to "run his own employment agency." To make the decision objective, you must also complete the CM Initial Checklist (a copy of this form is in the *Toolkit*) to help you satisfy any reservations you may have regarding your client's appropriateness and eligibility.

## Hiring Family Members as ATTC Employees: The Rules

ATTC may be furnished by family members except for the parent of a minor child (when the child is the Consumer), or to the Consumer by his spouse.

In general, family members providing ATTC services will *not* reside with the individual. Exceptions may occur if no other appropriate providers are available. When all other options have failed, a qualified family member who resides with an adult Consumer aged eighteen (18) or older *may* be utilized as a paid caregiver. Family members providing services must meet the same standards as providers not related to the individual.

A paid family caregiver will provide services limited exclusively to the care of the Consumer and not to other family members, as defined in the SP. **Adequate justification must be provided in the SP by the CM as to why a family member residing with the recipient is requested as the paid caregiver.**

CMs are responsible for the follow-up and monitoring of paid family caregivers to ensure that waiver funds are not being used for reimbursement of services provided to other family members. When ATTC services are provided by a paid family caregiver who resides with the recipient, the number of service hours will be limited to no more than forty per week, and a determination made by the planning team that:

- no other provider is available, and
- the use of a paid family caregiver will not weaken the goals that have been established for the Consumer.

Payment for ATTC does not include payment of room and board expenses, including general upkeep or improvement to the individual/family's home.

Attendant care services may be provided to individuals who participate in Indiana's alternative family for children program as well as persons living in their own home or in their family's home.

The type of assistance to be provided must be defined in the SP. Providers of ATTC services are to be paid by the Medicaid program for only those services specified in the individual's SP.

### **Addressing Fraud, Abuse, Neglect, and Exploitation**

Research conducted by the National Resource Center for Participant-Directed Services has shown that certain strategies can decrease the occurrence of fraud and abuse in CDAC programs. The first approach is clearly defining CDAC roles and responsibilities for your client. Others include providing examples of fraud, abuse, and exploitation to your clients during their CDAC learning process:

- Fraud is the intent to deceive, often with a financial connotation. A client approving an Employee's timesheet because the Employee had to leave 30 minutes early to pick up her child but promises to make the time up next week, is an example of fraud.
- Abuse is an act of aggression by one person intended to inflict harm on another person. There are several types including physical, battery, sexual,

emotional, and verbal abuse. For example, an attendant might inappropriately yell at or shove a client to make them hurry.

- Neglect is failing to provide services that are essential to an individual's wellbeing. Neglect can be intentional or stem from a lack of training or experience. An example would be an Employee failing to call a physician when the need is apparent.
- Exploitation is taking advantage of another by the misuse of finances, medication, or resources. An example might be an Employee manipulating a Consumer into giving away money or personal property such as a TV, jewelry, or furniture.

Consumers must understand that by enrolling in the CDAC program, they are now comparable to any other provider who accepts Medicaid such as a doctor's office or a therapist. They must comply with the policies and if they do not, the same consequences can apply to them, including termination from the program, possible recoupment of misappropriated funds, and even referral to law enforcement.



- It is important to make sure Consumers understand the seriousness of their responsibility without overwhelming or frightening them.
- The CDAC checklist you complete with the Consumer at your initial visit documents that you have explained the issues, provided examples of fraud and abuse along with the consequences that may occur, and how and to whom to report any instances of fraud, abuse, neglect, or exploitation.

### **Office of Inspector General (OIG) Exclusions Verification Program**

The OIG requires all healthcare entities—such as the FI for CDAC program providers—participating in Medicaid/Medicare-funded programs, to routinely check OIG's List of Exclusion Individuals/Entities (LEIE) and ensure that any new or current Employees appearing on the list are not compensated with Medicaid/Medicare funds for any and all services delivered.

As potential ATTC Employees submit their applications, the Current FI Contractor will check the OIG Exclusions list. If any applicant appears on the list, he or she will be denied as a CDAC program Employee. Existing Employees are also matched against the monthly updated OIG's Exclusions List to ensure no excluded Employees are serving program participants.

### ***Enrollment Counseling***

Once your client indicates an interest in the CDAC program and you have determined the program would benefit him or her, he or she must properly enroll with the Current FI Contractor. You must contact the Current FI Contractor to ask that an enrollment packet be sent to your client and his or her potential Employee(s).

### **Working with the Current FI Contractor**

The Current FI Contractor is responsible for establishing eligible Consumers or their Representatives as Employers and enrolling service providers as Employees. The Current FI Contractor provides payment to Employees, maintains all financial and Employer/Employee tax records, and provides reports concerning hours worked and payments made.

The Current FI Contractor also provides information and updates to you. For example, it will notify you when a Consumer's paperwork is completed, obtains criminal background checks for prospective Employees, and offers assistance with ongoing issues.

### ***How long will it take my client's services to begin?***

When Consumers/Employers and Attendants/Employees first submit their signed paperwork to the Current FI Contractor, it is thoroughly checked for missing signatures, dates, or any incomplete information. When an error is discovered, the paperwork/form is returned to the person—Employer or Employee—for correction. As these are legal documents and tax forms, it is critical all forms are accurately completed. Unfortunately, any “back and forth” in the mail can result in a delay of service.

As Consumers/Employers complete their paperwork correctly, openings in the CDAC program are offered. At this time, all openings for the CDAC program are ***not*** filled, so any Consumer/Employer seeking enrollment should have no problem receiving a place in the program once all his paperwork has been accurately and correctly completed, his SP has been submitted and approved by the State, and the NOA has been received by the Current FI Contractor.

### **Current FI Contractor's Website**

Forms and resources for your use are accessible on the following website:

<https://www.publicpartnerships.com//>. Log in (hint: username “inclient;” password “pcgin49”) to gain access to training materials, instructions, and extra forms.

## Enrollment process with FI

Following is the Current FI Contractor's enrollment process:

1. The Current FI Contractor receives a referral form from the CM.
2. Upon receipt of the referral form, the Current FI Contractor enters demographic data into its system and mails Enrollment packets to Consumer.
3. Your client or his/her Representative completes the Employer's packet and returns it to the Current FI Contractor. The packet must contain **fully completed** paperwork.

Many of the Employer's forms will be "pre-filled," or already completed with the Consumer's information because the Current FI Contractor will already have information from when the referral was made.

If your client or his/her Representative requires assistance with completing forms for enrolling an Employee, he or she must contact the Current FI Contractor via its Customer Service line. All forms must be returned to the Current FI Contractor at the mailing address or fax number provided, and it will perform its follow-up processes once it receives fully completed forms.

4. The Current FI Contractor applies for an Employer Identification Number (EIN) for your client, and submits a request to the Indiana State Police for a Limited Criminal Background Check (LCBC) for each Employee your Client plans to hire. There is a fee of \$15 (checks made payable to the Current FI Contractor) for each LCBC, which is completed upon receipt of this fee.

**Criminal  
Background Checks**  
**If you are hiring  
more than one  
Employee, you must  
submit a \$15 check  
for each one.**

5. The Current FI Contractor notifies you to submit your client's SP to the State **only after all forms are accurately and fully completed, and filed with the appropriate entities.**
6. You submit your client's SP to the State for approval.
7. Once approved by the State, the Current FI Contractor receives the Notice of Action (NOA) and enters it into its system. Please note: **Employees/Attendants should not begin working and will not be paid until the SP is approved**, and the Notice of Action (NOA) is issued.

## *Developing the Service Plan*

When you meet with your client to develop the SP, it is helpful to begin by identifying his current informal support system. This will provide you with the necessary information to

work with your client for arranging in-home services to supplement current supports so everyone can work together to help the client meet his healthcare needs and his own goals. After determining what current informal supports are willing and able to continue providing services, you can discuss other in-home care services, which may include assistance in the form of home-delivered meals, adaptive equipment, medication set-up, and personal emergency response systems.

Please note that you are responsible for completing and submitting for state approval a SP containing the appropriate number of monthly hours of CDAC, along with a detailed hourly ATTC schedule. Services may not begin until the NOA is generated.

### **Emergency Backup Plan**

An emergency backup plan *must be in written form*, included in the client's SP, and address questions such as, who will care for the client when the primary care provider is not available? Or the Attendant doesn't show up on a snowy morning, or has the flu? What happens in the event of a fire? A natural emergency? How will your client's safety be maintained?

If your client will need a paid attendant for backup, that person must be enrolled as a second employee with the FI, and must complete all the same enrollment procedures and meet all the same requirements. If the Consumer has a substitute worker with an informal arrangement and payment is not required, then that person need not be enrolled with the FI. However, if the Consumer wishes to use agency-based care for backup, arrangements must be made with the agency in advance. Please note that the agency must be identified in the SP, and hours attributed to the agency on a monthly basis to assure provider payment. The agency *cannot serve as a backup* if it is not a part of the SP.

### **Points to Remember when Developing a Service Plan for ATTC**

- Make sure services are not duplicated. For example, the Medicaid A&D waiver can provide both ATTC and Homemaking (HMK) services. These two services do have some similar job duties, but *they cannot both be in the home at the same time*. The need for each must be documented.
- An Attendant providing ATTC cannot be paid for services provided through the A&D waiver until approved by the FI and the state of Indiana, and a NOA is generated.
- **Services may be provided only while the participant is living in the community—his or her own home.** If the participant enters the hospital, a nursing facility, assisted living facility, adult family care, or other institution, attendant care hours cannot be billed. Paid staff employed by the facility is available to provide services to residents



while in those settings. If your client’s Employee bills for the same time, it is duplication of care and billing, and is considered fraud.

**Documentation and Examples**

When you take your car to a mechanic, you want to see the service bill before you pay. In much the same way, the DA wants to see the details of the CDAC service—or any service really—that is provided.

When you submit your client’s SP that contain CDAC hours for approval, it is important that you also include an accurate description of how the Attendant spends his or her time. While we understand that an Employee’s schedule can vary somewhat according to the client’s needs, we ask that you please provide a detailed hourly schedule of tasks the Attendant actually performs during a typical week. Just like the mechanic’s service bill!

**ATTC Schedule Examples**

The following three examples are easy to understand, logical, and appear to fit the Consumers’ needs according to the information in the SP. Times listed seem reasonable and based on the Consumers’ medical condition and status, and activities are practical and realistic.

**Example #1**

Client needs assistance with all ADLs and will receive two hours service 7x/wk (14h/w, 2h/d, every day, from 10 am to 12 noon)

- 10 – 10:30 am      Assist client out of bed and help with personal hygiene and toileting needs
- 10:30 – 10:45 am    Assist client with dressing
- 10:45 – 11 am      Assist client into w/c and make sure she is comfortable
- 11 – 11:30 am      Prepare breakfast and snacks for the day
- 11:30 – 12 noon     Make client’s bed and clean the kitchen while she eats

**Example #2**

Client requests ATTC 3 hours M-Sa, 12 noon-2 pm and 4-5 pm. The time schedule may fluctuate from day to day based on how client is feeling, or if she needs to attend an appointment.

- 12 -12:10 pm      Complete a safety check of the house, converse with client to see if there were any incidents while client was alone. Discuss schedule and any

appointments she may need to attend.

12:10 – 12:15 pm	Verify client has taken medications properly.
12:10 – 12:35 pm	Prepare and serve meal to client.
12:35 – 1:30 pm	Assist client in getting out of bed and to the BR for a shower. Assist her into the shower/tub, stand by for assistance, wash hair, help out of shower or tub, dry, lotion her body, and assist with dressing.
1:30 – 2 pm	Assist client with hair, dry and style, assist with nail care.
4 – 5 pm	Prepare the evening meal, help her into bed or a comfortable position, serve her dinner, clean the kitchen from the evening meal, make sure home is secure, remind client to take her evening medications.

### **Example #3**

Please provide client with 30 hours a week of SBA and/or limited direct assistance with bathing, dressing, grooming, light housekeeping, client's laundry, meal warm-up, meal service, grocery shopping, errands, escort to medical appointments, pick-up Rx's and other IADL's as needed.

ATTC Weekly Work Schedule: ATTC works six (6) days a week in five (5) hour increments; however, hours may fluctuate due to the needs of the client.

Monday, Wednesday and Friday:

\*\*Client has dialysis from 11:00 am to 4:00 pm

8:00 - 9:00 am	Assist with bathing, dressing, grooming and cleaning up bathroom after client's shower = 3 hrs/wk
9:00 - 10:00 am	Prepare breakfast, serve meal and assist him with feeding himself (due to uncontrollable hand tremors) = 3 hrs/wk
10:00 - 10:30 am	Clean-up after client is done eating and medication reminder = 1.5 hrs/wk
10:30 - 11:00 am	Assist client with getting ready to leave house for dialysis; putting on shoes and coat, etc., assist client with transferring to wheelchair in order to be transported by ambulance for dialysis = 1.5 hrs/wk

In the interest of space, we have included just a portion of the above ATTC schedule, but it is clear, concise, and provides a specific description of what the attendant is doing while caring for the client.

### **ATTC Schedule Tips**

The Consumer or his Employee may not be able to express exactly what they do in perfect timetable format, but as the CM, the burden is on you to ensure the SP you submit to the DA for approval is understandable, readable, and can stand up to examination.

- When talking to your client, get specific. Ask him what his needs are exactly: “does it take you 15 minutes to get out of bed? Does it take an hour for your shower/bath?”
- Do your due diligence. Work with the client and his/her attendant to arrive at a schedule that accurately reflects the activities being provided for the client.

### **General Points on CDAC Documentation**

- Make sure dates, hours, and services delivered are being documented.
- Give as much detail as possible when requesting updates, such as fewer ATTC hours. Please also include what the client is currently receiving along with what is being requested, instead of “please decrease ATTC to 6 hours a week.” What is it at the present?
- Please include in your documentation *who* is attending to any of your client’s skilled needs, such as g-tube feedings, trach/ventilator care, decubitus care, or medication set-ups.
- Billable CDAC hours are not allowed while your client is hospitalized or in a nursing facility. Please contact the DA regarding services rendered on admission/discharge dates.
- You must document in the case notes that you have had a conversation with your client regarding the appropriate delivery and use of this service based on his assessed needs.
  - For example, if your client requests 40 hours of ATTC service a week, but during your assessment, it appears that 30 hours would meet his needs, you must submit the client’s request for 40 hours of ATTC on the SP. However, you should also indicate that, in your professional opinion and assessment, only 30 hours of service are needed.

### **Calculate Monthly ATTC Hours Using a Calendar**

Use a calendar when calculating your CDAC client’s service hours. It is the surest way to ensure you’ll reduce any frantic phone calls from an Employee saying he’s been shorted on his pay. If your client’s SP includes 9 hours of ATTC a week (staffed for 3 hours each on Mondays, Wednesdays, and Fridays), use a calendar and calculations similar to the following to arrive at the number of hours to place in the monthly “buckets.”

# 2012

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	H	3	4	5	6	7				1	2	3	4					1	2	3	1	2	3	4	5	6	7
8	9	10	11	12	13	14	5	6	7	8	9	10	11	4	5	6	7	8	9	10	8	9	10	11	12	13	14
15	H	17	18	19	20	21	12	13	14	15	16	17	18	11	12	13	14	15	16	17	15	16	17	18	19	20	21
22	23	24	25	26	27	28	19	H	21	22	23	24	25	18	19	20	21	22	23	24	22	23	24	25	26	27	28
29	30	31					26	27	28	29				25	26	27	28	29	30	31	29	30					
15 + 12 + 12=39							12 + 15 + 12=39							12 + 12 + 15=39							15 + 12 + 12=39						
May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2	1	2	3	H	5	6	7				1	2	3	4
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	H	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	
September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5	6					1	2	3							1
2	H	4	5	6	7	8	7	H	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	H	H	24	16	17	18	19	20	21	22
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30		23	24	H	26	27	28	29
30																					30	31					

## Submitting Timesheets: Dates and Hours Must be Correct to Facilitate Payment

Please tell Consumers/Representatives they must pay particular attention to their Employees' timesheets. We have found that many Employees do not use the correct dates found on the Current FI Contractor's pay schedule, a copy of which is included in every Employee packet. It is essential that dates on submitted timesheets are correct or Employees may find themselves with shorted paychecks. Even if the year is wrong, i.e., using 2011 instead of 2012, Current FI Contractor's system will flag it as a pending payment. Please also remind your Consumers and/or their Representatives to make sure to *submit* timesheets on the correct dates. The Current FI Contractor's pay schedule also includes dates by which timesheets must be received in order to be paid timely.



## Ongoing Evaluation and Assessment of your Client

Please do not submit SPs to the state for approval until all Consumer and Employer/Provider paperwork has been completed and submitted to Current FI Contractor. Upon receipt of fully

and correctly completed forms, the Current FI Contractor will contact you directly to notify you the Consumer is ready to have his or her SP submitted. Your client may begin receiving CDAC services once an approved NOA has been issued.

At a minimum of every 90 days, you must document your assessment of the services being delivered and complete the 90-day review checklist (the Quarterly Review) and the CDAC 90-day checklist.

The CDAC 90-day checklist is completed in INsite, but a paper copy must be signed by the client or his Representative and kept in your client's file. When you complete the 90-day checklist in INsite, please list the full names of attendants along with their relationship to the client under the *Names of Attendants*. Please also provide any relevant comments regarding the ATTC at the quarterly review.

### **Reviewing Current FI Contractor Utilization Reports**

Monthly Current FI Contractor Utilization Reports keep you and your clients informed about the financial results of their service choices. This customized report captures services budgeted for, and used, on a year-to-date basis and provides your clients with a management tool that is much like a bank statement.

#### **Current FI Contractor Utilization Reports Include:**

- monthly budgeted amount;
- monthly expenses;
- amount approved and disbursed for each service compared to the amount billed;
- yearly budgeted amount by service; and
- projected expenditures for the remainder of the fiscal year.

Just as a bank statement provides a snapshot of data, the Utilization Reports show the state of the Consumer's monthly authorizations only on the day the report was generated. However, the Current FI Contractor's Web Portal provides live, up-to-the-minute data regarding the Consumer's authorizations and posted timesheets. Users can see submitted and approved timesheets, check amounts and check numbers, total authorized amounts, and remaining units online 24/7 at <https://www.publicpartnerships.com>

### **Changes in Client's Status**

As clients experience changes in their needs, any corresponding adjustments in ATTC hours or services must be included in a revised SP and submitted to the DA. If your client is no longer interested in, or eligible for, the CDAC program, an updated SP is required and the Current FI Contractor must be notified via a NOA.

A Data Entry Worksheet (DEW) must be created and timely exported if a client's SP is interrupted or terminated for any reason such as a hospitalization or a stay in a nursing facility.

### **Quality Assurance**

The "Individual Directing Care/Employer Checklist" requires that the Consumer/Representative confirm the Consumer is capable of performing the duties required of an Employer at the time of enrollment. During your 90-day reviews with your client, examine the following issues with him and/or his Representative:

- Client is competent and capable of performing the responsibilities required of an Employer.
- Client's adherence to requirements set forth in the CDAC Manual including submitting time sheets appropriately and timely.
- Client's assurance that services are being provided as stated in the SP.

During home visits, if you find evidence that, in your professional judgment, any of the above concerns are not being met or provided, and that the health and/or safety of your client is in jeopardy, you have the ability to terminate his CDAC services, and file an incident report.

You are responsible for working with your client and/or his Representative to resolve any issues. If it is a health and safety issue, an incident will be generated, at which time the DA Quality Assurance unit may investigate the situation. Please ensure adequate case note documentation throughout your care of your client.

### **Terminating Your Client's CDAC Services**

#### **...For Reasons of Health and Safety**

If there are concerns regarding your client's eligibility for CDAC services you have addressed with him or his Representative with no resolution, you may withdraw your endorsement of his capability to participate. These issues should be discussed with your CM Supervisor or with DA staff. An incident report may be filed as appropriate. A client terminated from CDAC must be given adequate notice (30 days) and has the option to appeal the decision. Please note the termination of CDAC services does not mean your client is ineligible for attendant care services through a provider agency.

#### **...For Repeated Failure to Provide Paperwork Oversight**

A Consumer's CDAC services may also be terminated if he and his Employee(s) persist in submitting incorrect timesheets—whether it includes more hours than are authorized on the

Consumer's NOA, or the dates are incorrect. The Consumer and his Employee will receive further documented training from the Current FI Contractor on the timesheet procedure to ensure expectations are understood. If incorrect timesheets are submitted after documented training (date, type of training, and trainer name) occurs, the Consumer may be terminated from the CDAC program within thirty (30) days.

Please remind your clients that the concept of the CDAC program is that he (or his Representative) can safely and confidently "run his own business," and that includes overseeing the correct and timely submission of timesheets. Again, please note the termination of CDAC services does not mean the client is ineligible for attendant care services through a provider agency.

## FAQs for CMs

- Won't it speed things up if I send a scanned copy of the NOA directly to the Current FI Contractor?
  - No! *Any NOAs sent to the Current FI Contractor must come directly from the state.* State-generated NOAs have an associated file accompanying them that the Current FI Contractor must have in order to verify authorization. Copies of scanned NOAs sent via e-mail from you to the Current FI Contractor cannot be processed, and can impede progress toward your client beginning services. You are welcome to contact Current FI Contractor's customer service to find out if an NOA has been received.
- Can visually impaired persons participate in Consumer-Directed Attendant Care? I have a newly targeted client who wants to hire her friend who currently provides all of her care. She is very capable of directing her own care, but how would this work?
  - First, as long as she is capable of directing her own care (i.e., hiring, training, scheduling, and even firing employees), and meets other eligibility criteria, she should be able to participate in the CDAC program.
  - Second, counsel her that she has several options with respect to the initial paperwork and the submission/approval of timesheets thereafter:
    - Suggest she appoint a sighted Representative/EoR (Employee of Record)—a neutral party would ease the initial timesheet submission and the approval process, and effectively eliminate the likelihood of fraud.
    - Timesheets can be scanned, initialed by the client to indicate approval, and sent to the Current FI Contractor via e-mail.
    - Screen readers that identify and interpret what is being displayed on the computer screen is a form of assistive technology that has proven very useful for persons with visual impairment. In this case, the e-Timesheet submission might work very well.
- My over-21 year-old client's mother/Employee just called and told me that she just discovered that no Social Security is being withheld from her payroll check, and wanted to know if that is a problem Should my client call the Current FI Contractor?
  - It is likely that the family tax exemption applies in this situation. When your client hired his mother to provide his care, this exemption may be appropriate because a familial relationship exists between the Employer (your client) and his Employee (his mother). Exemption status established within the CDAC program



is based on the relationship between the *Employer* and the Employee, not the Consumer and the Employee. But remember, the “Consumer” and the “Employer” may not always be the same person.

- It has taken the Current FI Contractor a full three months to process the paperwork for one of my clients to begin the CDAC program services. Why so long?
  - The paperwork takes as long as is necessary for the Consumer/Employer and the Attendant/Provider to submit all documents including tax forms correctly. If there are any errors on any of the forms, the Current FI Contractor must send them back to the individual for corrections. Please emphasize to your clients: these are legal documents bearing their signatures; they must be correct and accurate.
  - Please note that if all paperwork is submitted correctly the first time, processing may take as little as a week. As soon as the Current FI Contractor receives the forms, it begins processing as soon as possible—as long as there are no errors. In some cases, the Consumer submits all his paperwork correctly, but then there are errors on the Employee’s/Attendant’s forms, which can also prolong the process.
- Who should be signing the timesheets?
  - Timesheets must be signed only by someone who can verify the work was completed, whether that is the Consumer/Representative or EoR.
- My client’s daughter and EoR lives in Florida during the winter months, so my client directs her own care when her daughter is out of the state. However, I’m concerned because my client’s dementia is progressing and I feel she can no longer feasibly direct her care. What should I do?
  - An EoR must be present during home visits and assessments, so in this case, your client’s daughter should relinquish the role of EoR to someone who is available and nearby. Additionally, eligibility for participating in the CDAC program includes that a *Consumer/Employer must be competent, willing and able to hire, train, monitor/supervise, and terminate an attendant caregiver (ATTC), as well as act as an employer in general. If clients are unable to direct their own care, they can select a representative to direct care for them.*
- My client entered a nursing facility (NF) on Thursday, November 8<sup>th</sup>, and was discharged to home two weeks later on Friday, November 23<sup>rd</sup>. She has CDAC services and her ATTC worked the day she entered the NF and the date she came home. Can she receive services on entrance and/or discharge dates?

- The NF gets paid for the date of admission, but not the discharge date. ATTC can provide services on the date of NF discharge, but there may need to be an explanation of the events to go along with a paper claim
- I have always told my clients' prospective Employees that they may not begin working until I receive a copy of his or her Limited Criminal Background Check run by the Current FI Contractor. Is that no longer true?
  - The Current FI Contractor does NOT provide copies of Limited Criminal Background Checks to Case Managers. The content of the background check is personal information regarding the provider's criminal history that only they can choose to share. Additionally, the State does not require that CMs receive a copy of the background check in order for Employees to begin providing services.

## **Glossary**

**Aged & Disabled (A&D) Waiver** -- Provides an alternative to nursing facility admission for adults and individuals with a disability. This waiver is designed to provide services to supplement informal supports for persons who would require care in a nursing facility if waiver services or other supports were not available.

**ATTC (Attendant Care)** – Assistance to meet daily living needs and ensure adequate functioning in a community-based setting.

**CDAC (Consumer-Directed Attendant Care)** – A program that provides hands-on assistance for aging adults and persons with disabilities, in order to allow them to remain in their own homes and to carry out functions of daily living, self-care, and mobility.

**Case Management** – A comprehensive service that includes specific tasks and activities designed to coordinate all services required in the person’s SP.

**Case Manager (CM)** – Person who assesses eligibility, works with client to develop person-centered SP, coordinates and monitors service delivery, and serves as the client advocate.

**Consumer** – An active client under the A&D waiver program that is eligible for the CDAC program. You may also see the term “client” or “participant.”

**Current Fiscal Intermediary Contractor (FI)** – A private company that serves as the state’s fiscal agent in the financial administration of the CDAC program, including administering the paperwork of hiring, payroll, and tax processes.

**Employee** – The person hired to provide ATTC services for the client.

**Employer of Record (EoR)** – A client/representative who is competent, willing, and able to hire, train, supervise, and terminate if necessary, an attendant caregiver (ATTC), and monitor the services provided, as well as act as an employer in general. EoR refers to clients if directing their own care, or to the clients’ designated representative(s).

**Health Care Representative (HCR)** – An individual may appoint another person as a representative to act for that individual in matters affecting his or her health care. The HCR appointment does not become effective until the individual who made the appointment becomes incapable of consenting to health care. Unlike a Power of Attorney that becomes effective upon execution, the HCR designation has no force or effect until the individual becomes incapable of consenting to health care. Health Care Representatives may not be reimbursed to provide attendant care.

**Home and Community-Based Services (HCBS)** – Support services provided in a client’s residence or community to assist in maintaining or restoring participation in community activities and aid in preventing admission into a nursing facility or group home.

**INsite** – The state of Indiana’s electronic case management database system.

**Legal Guardian** – A legal guardian must be appointed by a court of law, and has the powers granted to him in letters of guardianship from the court. A legal guardian is responsible for care and custody of an incapacitated person and must preserve the incapacitated person’s property to the extent ordered by the court. A guardian does not have power, duty, or liability with respect to property or personal health care decisions that are subject to a valid power of attorney.

**Medicaid** – A federal and state medical assistance program that provides reimbursement for reasonable and necessary medical care to people that meet eligibility requirements. In Indiana, Medicaid is administered by the Office of Medicaid Policy and Planning (OMPP), which is a part of the Family and Social Services Administration (FSSA).

**Nursing Facility Level of Care (NF LOC)** – For the purposes of Level of Care eligibility for the NF waivers, a person must have either:

- an unstable, complex medical condition requiring direct assistance from others for the following conditions: decubitus ulcers, comatose condition, or management of severe pain; or
- direct assistance from others with medical equipment, such as a ventilator, suctioning, tube feeding, central intravenous access (IV); or
- direct assistance for special routines or prescribed treatments from others such as tracheotomy, acute rehabilitation conditions, administration of continuous oxygen; or
- medical observation and physician assessment due to a changing, unstable physical condition; or
- other substantial medical conditions.

**Notice of Action (NOA)** – The state form used to notify a waiver client of any action affecting his or her Medicaid waiver benefits, including approving or denying eligibility and/or services, as well as terminating, reducing, increasing, or suspending eligibility, or any amount of covered Medicaid waiver services.

**Prior Authorization (PA)** – A Medicaid process initiated usually by the primary care physician so that a medical procedure, medically necessary services, or medical supply or

therapy, for example, may be paid by Medicaid as long as the procedure, service, supply or therapy is authorized prior to the procedure, service supply or therapy being performed, purchased, or provided. HCBS waiver members are required to utilize all services on the Indiana Medicaid State Plan before utilizing HCBS waiver services. HCBS waiver programs are considered the funding of last resort.

**Power of Attorney (POA)** – A power of attorney is a document (NOT a person) created by a principal (a person), that gives another person or entity, known as the attorney-in-fact (AIF), the power to act on behalf of the principal. An individual may grant power of attorney to more than one person in the same document, and may revoke a power of attorney at any time.

**Representative(s)** – In the case of CDAC, a Representative is a voluntary, unpaid person who assists in performing the responsibilities of the employer when the individual directing care cannot, or chooses not, to do so independently.

**Service Plan (SP)** – The plan written by the case manager following a comprehensive assessment that includes a written explanation of the client’s need for the waiver services, including what provider(s) are to be used, how the services protect the client’s health and wellness, any needs that will not be met, and a description of emergency backup plans. Also known as Plan of Care (POC).

**Social Security Representative Payee (Representative Payee)** – A person approved by the Social Security Administration to receive SS or SSI benefits on behalf of someone not capable of managing his or her own finances. Representative Payees are not prohibited from providing attendant care.

**Waiver Program** – Allows Indiana’s Medicaid programs to pay for services provided in a person’s home or other community setting rather than a Medicaid-funded facility or institution. Persons must qualify for institutional care—“meet level of care”—in order to be eligible for home and community-based services. Waiver refers to the waiving of certain federal requirements that would otherwise apply to Medicaid program services. For purposes of this manual, NF LOC is required.